Research Report DCSF-RR134

Early Education Pilot for Two Year Old Children

Evaluation

Ruth Smith, Susan Purdon, Vera Schneider, Ivana La Valle, Ivonne Wollny, Rachael Owen and Caroline Bryson
National Centre for Social Research

Sandra Mathers and Kathy Sylva
Department of Educational Studies, University of Oxford

Eva Lloyd, University of East London

department for children, schools and families

Research Report No DCSF-RR134

Early Education Pilot for Two Year Old Children Evaluation

Ruth Smith, Susan Purdon, Vera Schneider, Ivana La Valle, Ivonne Wollny, Rachael Owen, and Caroline Bryson
National Centre for Social Research

Sandra Mathers and Kathy Sylva
Department of Educational Studies, University of Oxford

Eva Lloyd
University of East London

ISBN 978 1 84775 495 0

July 2009

CONTENTS

TABLES

FIGURES

ACKNOWLEDGEMENTS

We would like to thank the many parents who gave up their time to participate in the research, the nurseries that participated in the setting profiling element of the evaluation and the local authority staff who helped us compile the survey sample.

At DCSF we would like to thank Marianna Stone, Gail Peachey, Prity Sharma, Anna Upson, Frances Forsyth, Rajkiran Egan, Kate Ridley-Moy, and the members of the Steering Group.

Within NatCen, several colleagues worked on the surveys including Eleanor Ireland from the research team, Gursharanjit Gill, Mike Hart, Richard Akers and Erroll Harper in computing, and Helen Selwood, Janice Morris, Claire Harmes, Sue Duffy, Bryan Mason and other members of the Operations Department. In addition, we would like to extend our thanks to all the NatCen field interviewers who carried out the surveys, Cathy O'Donnell for providing administrative support, and Alice Reeves for her comments and help to finalise the report.

Within Oxford University our appreciation goes to Maria Evangelou who provided advice on the child assessments, Zeenat Ghumra, Sofka Barreau and Natalia Kucirkova who worked on the setting profiling element of the evaluation, and all the staff that undertook the setting observations.

Finally, we would like to thank Rachael Williams for her statistical advice.

EXECUTIVE SUMMARY

This report provides the findings of the evaluation of the early education pilot for disadvantaged two year old children (the pilot). This study aimed to assess the impact of the pilot by looking at: how well the pilot was targeted, parents' experiences of taking up a pilot place, the quality of the pilot settings, the impact on the children's cognitive and socio-behaviour, and parents' views and experiences of using a pilot place.

The pilot provided free early years education to over 13,500 disadvantaged two year olds between 2006 and 2008. The main purpose of the pilot was to improve children's social and cognitive outcomes, e.g. their social confidence and independence, and their verbal skills and reasoning ability. Additional aims were to have a positive impact on children's parents and wider family e.g. on the relationship between parents and their children, or on parent's emotional wellbeing. The funding offered these children 7.5 or in a small number of local authorities 12.5 hours of early years education per week for 38 weeks of the year. The pilot places were available in a variety of early years settings e.g. nurseries, play groups and with childminders, but all were required to operate the Birth to Three Matters curriculum[1].

The evaluation comprised a number of elements:

- A mapping study to establish how the pilot was implemented on the ground.
- An impact study to measure the impact of the pilot on children and their families.
- Quality assessments of pilot settings.
- Qualitative interviews exploring parents' experiences and views of the pilot.
- An outreach study involving in-depth exploration of a small number of local authorities' approach to outreach (published separately from this report)[2].

Socio demographic profile of pilot children and their families

In almost all respects the pilot children were more 'disadvantaged' than the general population of two year olds. A considerable proportion of families lived in the 20 per cent most disadvantaged areas of the country (73 per cent). Pilot families tended to have a lower income than the general population. There were many more lone parents amongst pilot families. There was a higher prevalence of longstanding illnesses and disabilities amongst both pilot parents and pilot children. Whilst lastly, more pilot children were identified as having additional needs than in the general population (most commonly difficulties with speech and language).

When considering a wide range of disadvantages in combination, 92 per cent of pilot children appeared to experience one or more forms of disadvantage, suggesting that the pilot was well-targeted overall. However, this does of course mean that the remaining eight per cent of pilot families appeared to experience no obvious form of disadvantage. The reasons provided by local authorities for the inclusion of these families on the pilot suggested that they were identified as eligible because of where they lived, even though they did not live in one of the 20 per cent most deprived wards. So, it appears that eligibility was sometimes determined by a different geographical criterion implemented by the local authority e.g. residence in one of the 30 per cent most deprived areas of the authority, or a Children's

[1] Birth to Three Matters is a framework for childcare professionals that aims to support children in their earliest years, helping them become: a strong child; skilful communicator; a competent learner; and a healthy child.
[2] Kazimirski et al. (2008a)

Centre catchment area. As such the majority of these eight per cent of families may be relatively advantaged but living in more disadvantaged areas. However, local authorities also implemented a number of recruitment criteria that we were not able to capture through the survey. For instance, we have no information about whether pilot families experienced domestic violence, or alcohol or drug abuse, and it may be the case that criteria such as these also partly account for the engagement of the eight per cent of apparently 'non-disadvantaged' families with the pilot.

Implementing the free place

Local authorities selected parents for the pilot using a range of eligibility criteria, the most common being: living in a target area (33 per cent), being a low income family (19 per cent) and being a lone parent (15 per cent).

Parents heard about the free place from a range of sources, but were most likely to have received information from a professional or an early years setting. This is in contrast with how parents typically obtain information on early years education in general (mainly through word-of-mouth) and seems to reflect the emphasis on outreach and marketing that was a key feature of the pilot. In terms of the choice they were given over the setting their child went to, more than two-thirds of parents (68 per cent) were given a choice, and the majority of these families were given their first choice (89 per cent).

Parents' reasons for taking up the pilot varied. These included social advantages e.g. the opportunity for their child to mix with other children (79 per cent) and to become more confident and independent with adults (43 per cent), as well as educational advantages e.g. the opportunity to learn new things (46 per cent) and for their child's speech and/or English language to improve (29 per cent). Parents also identified the pilot as implying a personal advantage for them, such as offering them a break or time to do other things (both 39 per cent), but only a very small proportion saw the pilot as offering them an opportunity to work (two per cent). The qualitative findings show that for parents with a relatively low level of disadvantage, the child's development was the main or even only reason for taking up the pilot place. However, for parents with a high level of need (e.g. because of heavy caring responsibilities, mental health problems, child's behavioural problems), other influences, such as the need for respite care or parenting support also played an important role in their decision to take up the pilot.

Parents who did not complete the pilot

The majority of families (90 per cent) received all their free hours - continuing attending the pilot place for all 38 weeks. However, 'drop out' was a problem in ten per cent of cases. Families most likely to drop out of the pilot were non-working (both couples and lone parents), low income families, and families including children with SEN or a disability. In the small number of instances that families did stop early, approximately one-third (31 per cent) dropped out within the first two months of attending the pilot.

The reason families typically stopped participating in the pilot early was concern for their child's well being, such as their child was unhappy (36 per cent) and that the provider was not good quality (22 per cent). In some instances, practical reasons such as changes in family or work circumstance (16 per cent) or the provider closing down (nine per cent) also resulted in the family leaving the pilot early. Prior to leaving the pilot, some parents spoke to the setting manager or other staff working at the setting about their concerns (35 per cent and 34 per cent respectively). However, 32 per cent of parents did not speak to anyone.

Patterns of using the free place

Most families (82 per cent) attended the setting for just the free hours. The median amount of time spent at the setting each session was 2.5 hours, and the majority of families (61 per cent) attended for three sessions per week. In many cases (58 per cent), families were satisfied with the number of hours their child spent at the setting. However, a substantial proportion (40 per cent), would have liked their child to attend for more hours. These families did not use additional hours (even though they would have liked them) because of the cost involved (69 per cent), because there were no spaces available (13 per cent), or because more hours were not offered at that setting (13 per cent).

A substantial minority of parents (17 per cent) paid a fee to the setting so that their child could attend for additional hours. Fees were more likely to be paid by working and higher income families. Twenty-two per cent of families were required to pay for supplementary costs, which were typically incurred for refreshments and meals.

Sixty-nine per cent of families said their provider was open during the school holidays, and 43 per cent of these families actually used the provider during this time. Predictably, families in work and with higher incomes were more likely to use the setting during holidays. Sixty-eight per cent of families paid for the holiday care provided at the pilot setting, while 32 per cent were not required to pay. Costs of attending the setting during the holidays varied, with a median amount of £37 per week. Sixty per cent of parents paid £50 or less per week, though 16 per cent paid more than £100 per week.

Parents' experiences of using the free place

Overall experiences and views of the pilot were typically positive. Where parents had encountered worries or difficulties whilst using the free place, 71 per cent had received some help or support with their problems. This help and support was most commonly from staff at the pilot setting (including the setting manager) who parents found approachable, friendly and good at communicating with them and their children. Parents' worries or difficulties were resolved (at least in part) in 84 per cent of instances, and most parents felt that they had received enough help and support during the pilot (84 per cent). However, the findings suggest that a number of parents whose child has SEN or a disability required more support than they received since they were less likely to report that their problems were resolved, and more likely to report that they would have liked more help and support. In the rare cases where parents reported negative experiences of staff, this tended to be due to staff being perceived as unapproachable or not able to interact well with the children or parents.

Sixty per cent of parents who took part in the survey received some written feedback about how their child was getting on at the pilot setting, and 91 per cent of parents had spoken to staff about how their child was getting on. Satisfaction with the level of feedback parents received was generally high (80 per cent were happy with the level of feedback they received) and parents largely felt that they were able to approach staff on an ad-hoc basis should they have felt the need to. However, the research also found indications that parents of children with SEN were less satisfied with the feedback they received.

Just over half the parents who took part in the survey said that additional services were available at the pilot setting. Fewer than half the parents who had these services available reported having used them.

Forty-one percent of pilot children changed setting when they turned three, and they did so for various reasons including: moving to a nursery that was linked with the school they would later attend; moving to a setting that was more conveniently situated (e.g. closer to a sibling's school); or to give children with special educational needs (SEN) the specialised attention of

a SEN childcare provider. It was rare that children moved because of parental dissatisfaction with the pilot setting. On the whole, gaps in provision experienced in this transition stage were the result of school holidays, and in the rare cases where the gaps in provision lasted for several months, the discontinuity was considered to be neither beneficial for the child nor convenient for the parent.

Quality of provision in the sample settings

The quality of provision offered to pilot children was measured using the Infant-Toddler Environment Rating Scale (ITERS-R) and the Early Childhood Environment Rating Scale (ECERS-R). Quality was found to be 'adequate' overall, but only one fifth of settings (21 per cent) achieved an average ITERS-R score of 5 or higher. This means that a significant proportion (just less than four fifths) of the pilot settings assessed were offering provision rated as less than 'good' quality.

Looking in greater depth at the different dimensions of quality assessed, the quality of interaction between staff and children was a strength. Interactions between staff and children were generally warm and respectful, and staff supported peer interactions and the development of children's emerging social skills. Support for language development was of good quality for younger two year olds, although analysis of the ECERS-R items used suggests that staff members in the sample settings were slightly less successful in providing the element of challenge required for older two year olds. There was also room for improvement in relation to the quality of care routines and provision of stimulating play experiences for children.

The impact of the pilot on children and their families

Taking all those children entering pilot places in aggregate, on average the pilot did not significantly improve the cognitive and social development of the children receiving the free childcare relative to a matched comparison group. The pilot children developed only very slightly further than their matched comparison group over the same period. However, this *overall* lack of a significant impact disguises the fact that for those children who were found places in relatively high quality settings (those that achieved a score of at least 4 on the Infant-Toddler Environment Rating Scale) there *was* an impact on children, at least in terms of child vocabulary. For these children (who between them represent around two-thirds of all pilot children) the effect of the pilots was to significantly improve their language ability scores (from 45.8 to 49.4 on average). This is equivalent to moving a child from the 34th percentile for language development to the 46th percentile[3]. What this suggests is that, had the pilot local authorities been able to secure more places in relatively high quality settings, then the pilot would have had a considerably larger impact overall.

A similar pattern is observed for parent-child relationships. Although, overall, there is little evidence that the pilot places significantly improved parent-child relationships, for those families who were given a free place in a relatively high quality setting, parent-child relationships *were* significantly better amongst pilot families than in the matched comparison group. So, again, it appears that to make an impact on families the quality of the setting matters.

On other outcomes, such as child non-verbal reasoning, social development, and the home learning environment there is, in contrast, no evidence of a programme impact, either overall or within the sub-sample going to a relatively high quality setting.

[3] Percentiles represent the values below which a certain proportion of people fall e.g. here the 34th percentile illustrates that 34 per cent of children have a language development score that is equal to or lower than 45.8 (the median is equivalent to the 50th percentile).

Parents' perceptions of the effect of the pilot

The pilot was very popular with parents and was associated with a range of perceived benefits for children, parents and the family as a whole. Parents mentioned a wide range of positive effects on their children's development and attributed many of these effects directly to the pilot place. These benefits also represented the most important factor driving parents' decisions to take-up a pilot place. Negative experiences of the setting were associated with parents being less positive about the effects of the pilot on their child, even reporting in some cases detrimental effects. Less positive experiences of the setting and less positive views about its benefits were more likely to be reported by parents with children with SEN or a disability, who did not think the setting and/or staff adequately met their child's specific needs. However, it is important to note that not all parents with children with a disability or SEN had less positive experiences, indeed in some cases staff at the setting were able to advise parents on ways of dealing with a child's disability, learning or behavioural difficulties.

Parents also reported a range of ways in which they believed the setting had positively affected their ability to parent. They felt they had gained a better understanding of their children as individuals and of different child development stages. Some believed that their parenting skills and their relationships with their children had improved during the time their child was in the setting, whilst others felt able to provide a more stimulating learning environment for their children. A recurrent theme was that parents' needs and circumstances were closely linked to the nature, and significance of the effects the pilot place had on their ability to parent. For example, when parents were struggling to deal with their children's behaviour or when children had SEN, the pilot was typically seen as having had a stronger effect on the parents' ability to parent.

The experience of using the pilot setting was perceived to have made a difference to the rest of the family in a number of ways. Parents talked about their physical health improving, as having more free time gave them the opportunity to have a rest and they felt less tired (particularly for parents with large young families, especially if they were bringing up the children alone and/or had no extended family nearby for support). Parents also described a variety of ways in which the pilot had enabled them to improve their mental and emotional well being, for example by giving them time to sort out their problems or opportunities to socialise. Again it was parents in more difficult circumstances, for example suffering from mental health problems, particularly depression, who more strongly emphasised these benefits of the pilot.

Opportunities for self-improvement (e.g. attending courses) were also associated with the pilot, and in some cases these were facilitated by the setting which provided a range of courses to coincide with the early years sessions. Parents also reported that the pilot had helped them to manage various domestic tasks more effectively, with again parents more strongly emphasising this benefit if, due to difficult circumstances (e.g. bereavement in the family, mental health problems, physical ill health in the family), they felt they had not been able to cope with these domestic tasks. Parents also talked about the whole family functioning better as they had more time to dedicate to different family members, particularly those who might have required considerable support.

Conclusion

In conclusion, this evaluation has shown that the pilot was reasonably well targeted at intended beneficiaries and local authorities developed a range of marketing and outreach strategies tailored to the needs of different groups. However, there appears to be scope for improving targeting, particularly in local authorities that used broad geographical and economic indicators to define and target potential beneficiaries.

Parents' experiences, views and perceptions of the effects of the pilot were largely positive, not only about the free early education and its positive benefits in terms of child development, but also about the additional services and advice parents received which went beyond early education. Very disadvantaged parents were particularly likely to stress the benefits of the pilot in terms of improved parenting capacity and family functioning. Two areas for improvement identified by parents were: an increase in the number of hours of early education and provision that better meets the needs of children with SEN or a disability.

The pilot had a positive impact on children who attended a setting of reasonably high quality, but not on children who attended settings of lower quality. The results suggest that in order to have a positive impact on child outcomes, when the programme is rolled out nationally only settings with an Ofsted score of at least 'good' should be used by local authorities to provide free places for disadvantaged two year olds.

1 INTRODUCTION

This report provides the main findings of the evaluation of the early education pilot for two year old children (the pilot), commissioned by the Department for Children, Schools and Families (DCSF) and carried out by the National Centre for Social Research (NatCen) in collaboration with the University of Oxford. This study aims to assess the impact of the pilot by looking at: how well the pilot was targeted, parents' experiences of taking up a pilot place, the quality of the pilot settings, the impact on the children's cognitive and socio-behaviour, and parents' views and experiences of receiving a pilot place.

1.1 The Two Year Olds Pilot

The pilot provided free early years education to over 13,500 disadvantaged two year olds between 2006 and 2008. The main purpose of the pilot was to improve children's social and cognitive outcomes, e.g. their social confidence and independence, and their verbal skills and reasoning ability. Additional aims were to have a positive impact on children's parents and wider family.

The funding offered these children 7.5 or in a small number of local authorities 12.5 hours of early years education per week for 38 weeks of the year. The pilot places were available in a variety of early years settings e.g. nurseries, play groups and with childminders, but to ensure quality, all settings were required to operate the Birth to Three Matters curriculum[4]. The pilot places were located within 32 local authorities across England - 15 local authorities began to offer places in April 2006 and a further 17 began to offer places in January 2007. The local authorities have continued to offer pilot places, but the evaluation focuses only on those children who started accessing their pilot place in January 2007 or April 2007.

Recently the Government has decided to extend the free offer to 15 per cent of the most disadvantaged two year olds in every local authority in England from September 2009; it is estimated that this will reach approximately 23,000 children per year. The hours offered are going to be increased to 10 hours, but with some pilots providing 15 hours so that the impact of providing different amounts of early years education can be tested. The extended pilot will focus more specifically on families suffering from economic disadvantage, along with stipulations to local authorities on the quality of setting they are able to use. The offer will again be available for 38 weeks a year, but with the option of stretching the free hours over a longer period if families prefer this and the setting is open for the period required[5].

1.2 Policy background

The policy developments that led to the provision of free part-time early education for three and four year olds are directly related to those that led to the development and piloting of a part-time early education entitlement for two year olds living in disadvantaged areas. This policy background and the research in which it was grounded are briefly described in the following sections.

1.2.1 Origins of the initiative

The policy origins of the extension of early education to two year olds in disadvantaged areas go back to the 2004 Comprehensive Spending Review. In the same year as the successful introduction of part-time early education for all three and four year olds, the Chancellor announced this initiative in his Pre-Budget Statement. Part-time nursery education was to be provided to 12,000 two year olds by 2008.

[4] Birth to Three Matters is a framework for childcare professionals that aims to support children in their earliest years, helping them become: a strong child; skilful communicator; a competent learner; and a healthy child.
[5] HM Government (2009).

The detailed policy rationale for the extension to be piloted was set out in the Ten Year Strategy for Childcare[6]. Here research findings were presented on the long-term benefits of such an initiative both for children's development and for the economy, specifically that "the evidence shows that involvement of high quality early years education from age two onwards can lead to better educational and social outcomes for all children".

The Strategy also alluded to evidence, presented as part of the Child Poverty Review[7], of the potential of good quality early years provision to counter the impact of poverty on young children's development. In the light of findings that an early start was of particular benefit and that young children living in difficult circumstances stood to gain most from high quality centre-based early years provision[8], it appeared logical to expand early education first to two year olds in the country's most disadvantaged areas. The Two Year Olds Pilot thus fitted well into the framework of the Government's anti-poverty strategy with its aim of halving child poverty by 2010.

The underpinning for all these developments was provided in the cross-departmental 2003 Green Paper Every Child Matters[9], which was given legal force in the Children Act 2004. This programme represented the Government's drive to improve developmental, educational and economic outcomes for all children and narrow the gap between the poor and the better off. Apart from these groundbreaking developments, several other policy and practice initiatives in early childhood education and care since 2004 can be seen as having prepared the ground for the introduction of early education provision for the youngest children.

1.2.2 Other pertinent policy developments

The implementation of the Foundation Stage curriculum[10] for three to five year old children and the introduction of the National Standards for Under Eights Day Care and Childminding[11] at the start of the Millennium, were quickly followed by the publication of Birth to Three Matters[12]. This 'best practice' guidance framework for practitioners caring and educating children from birth to age three reflected the Government's commitment to ensuring quality in any early childhood provision accessed by the youngest children.

As a result of the passing of the Childcare Act 2006, these three separate frameworks were reformatted into a new and coherent integrated quality assurance framework, the Early Years Foundation Stage[13]. This has been rolled out in every Ofsted registered early education and childcare setting since September 2008 (after the children who participated in this evaluation would have completed their pilot place).

The Government also addressed early years workforce training and qualifications issues as a crucial influence on the quality of early childhood provision and hence on outcomes for children. The establishment of Early Years Professional Status in the same Act constituted a milestone in improving the conditions for quality early years provision, as it heralded a significant step towards the transformation of the early years workforce into a graduate-led profession.

[6] HM Treasury (2004a)
[7] HM Treasury (2004b)
[8] Sylva et al. (2004)
[9] HM Treasury (2003)
[10] QCA and DfES (2000)
[11] DfES (2001)
[12] DfES (2003)
[13] DCSF (2007)

While these policy developments have been explored in several recent papers[14], the next section highlights the major research findings that informed such policy developments.

1.2.3 Research findings

As evidenced in the Ten Year Strategy for Childcare document[15], British studies provided the major underpinning for the Government's policy on extending early education to two year olds, although US research on the benefits of early childhood provision, notably the evaluation of the Early Head Start[16] programme, also informed this initiative.

The year 2004 saw the publication of the final report from the Effective Pre-School Education Study[17], which followed a cohort of 3,000 English three year olds as they entered primary school and up to age seven. This influential longitudinal study was set up following a recommendation from the National Commission for Education (1991-1995) that a study be established to explore the effects of early education and childcare on English children's later intellectual and social development.

Key findings on the positive impact of early education and childcare which informed the policy on early education for children under two included the following:

- Children's all-round development is boosted by pre-school experience.
- Such experience is particularly beneficial for disadvantaged children.
- Early entry, between two and three years of age, and length of attendance are related to greater cognitive gains and peer sociability.
- Children's cognitive gains are similar whether they attend full-time or part-time.
- The quality of pre-school settings is significantly related to child outcomes.

This evidence, indicating the importance of young children accessing good quality early childhood care and education, reinforced the need for early educational intervention suggested by Feinstein's findings from the 1970 British Cohort Study[18]. These demonstrated significant class-related differences between children's cognitive development as early as at twenty-two months. Whereas middle class children displaying early developmental delays were mostly able to catch up before the start of compulsory schooling, this was less often the case for disadvantaged children.

While the case for developing the relevant policy was strengthened by these findings, it obviously remained crucial to encourage parents from across the socio-economic spectrum to make use of the early education opportunities available to their children. Emerging evidence from several reports forming part of a series of government commissioned surveys of parental views on and use of early education and childcare confirmed that the uptake of the early education entitlement was lower among more disadvantaged communities, even though these parents clearly attached value to this opportunity[19]. These findings were corroborated in subsequent studies focusing specifically on exploring possible reasons for this state of affairs[20].

[14] Lloyd (2008); La Valle and Smith (2009)
[15] HM Treasury (2004a)
[16] Love et al. (2002)
[17] Sylva et al. (2004)
[18] Feinstein (2003)
[19] Fitzgerald et al. (2002); Bell and Finch (2003)
[20] Bell et al. (2005); Bryson et al. (2005)

The conclusion was warranted that the introduction of early education for two year olds in disadvantaged areas might boost the uptake by three and four year olds. This fact, coupled with the knowledge that an early introduction to pre-school education can improve cognitive and social outcomes for children, has made reaching out to children in disadvantaged areas with early education and childcare a government priority.

1.3 The evaluation design

The evaluation was comprised of a number of elements:

- A mapping study to establish how the pilot was implemented on the ground.
- An impact study to measure the impact of the pilot on children and their families.
- Quality assessments of pilot places.
- Qualitative interviews exploring parents' experiences and views of the pilot.
- An outreach study involving in-depth exploration of a small number of local authorities' approach to outreach (published separately from this report)[21].

This section summarises the design and implementation of these elements, and further details can be found in Appendix A.

1.3.1 Mapping study

Local authorities were given the flexibility to implement the pilot in the manner they thought would best tackle the issues they faced in their area. Therefore the starting point for the evaluation was to collect detailed information on the way in which the local authorities and settings implemented the pilot. To this end, telephone interviews of approximately 45 minutes were conducted with key local authority staff between September 2006 and March 2007. The interviews were conducted by NatCen researchers and covered issues like: how they chose their target groups, how they approached outreach, what types of settings were offering the pilot and how the free hours were being delivered in their authority. All 32 local authorities participated and the information gleaned from these interviews was used to finalise the design of the impact evaluation (e.g. the sampling strategy) and to inform other stages of the study (e.g. the case studies for the outreach element)[22].

1.3.2 Impact study

Our estimates of the impact of the pilot on children and their families were derived from a specially designed longitudinal study of families taking up a pilot place together with a similar longitudinal study in a 'comparison' group of families selected from relatively deprived areas of England where the pilots were not operating. Interviews with families took place at two points in time: at 'baseline' when the child was aged two and before or just after the pilot children had taken up their place, and again at age three (referred to in this report as the 'follow-up' survey where we collected data on outcomes). The two longitudinal samples (pilot families and comparison families) were matched across a wide range of baseline characteristics, including, but not restricted to, child cognitive development at age two. After matching, any difference between the two samples at age three is taken to represent the impact of the pilot.

[21] Kazimirski et al. (2008a).
[22] Kazimirski et al. (2008a).

Baseline interviews

The sample of pilot families was collected from local authorities who operated an opt-out process, and then passed on the contact details of all the parents who had not opted-out of the evaluation to NatCen. The opt-out rate was one-and-a-half per cent which meant that the details of 2,186 eligible parents were passed on by the local authorities and issued for interview. The eligibility rate for the issued sample was 81 per cent which was lower than anticipated, largely due to the inclusion of a substantial number of parents who had been offered a pilot place but ultimately not taken it up[23]. Therefore we finally achieved 1,400 productive interviews from the pilot sample, which equates to an overall response rate of 80 per cent. To describe briefly the nature of the respondents, most were parents of the pilot children (98 per cent) and a very high proportion were women (93 per cent), meaning that most respondents were mothers of a pilot child.

The baseline pilot interviews were conducted in two waves – the first from January to March 2007 and the second from April to June 2007. The pilot interviews were conducted face-to-face with a short paper self-completion element. The total interview length was 40 minutes on average.

The comparison sample was selected from Child Benefit records with a skew towards disadvantaged areas to increase the similarity of the comparison sample to the pilot sample. An opt-out process was undertaken and five per cent of parents opted-out meaning that the issued sample was 2,872. The eligibility rate for this sample was 96 per cent and the overall response rate was 66 per cent which equates to 1,821 productive interviews[24]. The nature of the comparison respondents was similar to that of the pilot respondents, 99 per cent were parents of the selected child and 90 per cent were women, so again most respondents were mothers of selected children.

The baseline comparison interviews were conducted in three waves – the first from March to April 2007, the second from June to July 2007, and the third from November to December 2007. As with the pilot interviews, the comparison interviews were face-to-face with a short paper self-completion element. The total interview length was a little shorter, 34 minutes on average.

Follow up interviews

The follow up pilot interviews were conducted with parents who completed all elements of the baseline interview and agreed to be re-contacted. The eligibility rate at the follow up was high (98 per cent). From 1,386 issued cases we achieved 1,116 productive interviews, meaning that the overall response rate was 82 per cent.

The follow up pilot interviews were conducted in two waves – the first from January to February 2008 and the second from April to June 2008. These interviews were conducted face-to-face, and also involved a short paper self-completion element for the parent and two cognitive assessments with the child. The total interview length was 42 minutes on average.

Follow up interviews were conducted with the comparison group on the same basis as for the pilot group. The eligibility rate for this group was equally high (99 per cent) so from 1,748 issued cases we achieved 1,376 productive interviews meaning that the overall response rate was 80 per cent.

[23] Ineligible families also included those where the child was the wrong age, where the address provided for the family was vacant, where the child's parent was untraceable, etc.

[24] Ineligible families also included those where the child was the wrong age, where the address on the Child Benefit record was vacant, where the Child Benefit recipient was untraceable, etc.

The comparison follow-up interviews were conducted in three waves – the first from March to April 2008, the second from June to July 2008, and the third from October to November 2008. Like the pilot interviews, the comparison interviews were face-to-face and also involved a short paper self-completion element for the parent and two cognitive assessments with the child. The total interview length was 40 minutes on average.

1.3.3 Assessing the quality of pilot settings

Research has shown that quality of childcare is associated with differential child outcomes[25]. As such, an important part of the evaluation was to look at the range of settings involved in offering pilot places and to see whether particular characteristics of the settings were related to the impact of the pilot. Quality of provision is often measured through observation using scales such as the Infant-Toddler Environment Rating Scale (ITERS-R) or the Early Childhood Environment Rating Scale (ECERS-R). However, due to the large number of settings involved in offering the pilot, it was not possible to observe the quality of every one. Instead, information on setting characteristics was collected from all the settings accessed by pilot children involved in the impact study using self-completion questionnaires. The information collected was then used to select a small number of settings with a range of characteristics to follow up for observation.

Observations were carried out at 75 settings (76 settings were contacted, making the overall response rate 99 per cent) which equates to 14 per cent of all the eligible settings. However, to maximise the proportion of children for whom we would have a direct measure of setting quality we over-sampled the settings with the greatest number of pilot children. This meant that the 14 per cent of settings covered 38 per cent of the children in the sample.

These self-completion questionnaires were sent out in two waves like the interviews for the impact assessment – the first wave was conducted between March and April 2007, the second between August and October 2007. Similarly, the observations were conducted in two waves, beginning the month after the self-completion data had been collected. For further details on the setting profiling element of the evaluation, please see Appendix B.

1.3.4 Qualitative study with parents

Qualitative interviews were carried out with parents (mainly mothers) to explore in greater depth influences on the decision to take-up a pilot place, experiences and views of the pilot setting, and perceptions of different ways in which using early years education had impacted on children, parents and the family as a whole.

Fifty-four interviews were carried out in January to February 2009 with a sub-sample of parents who had taken part in the survey for the impact study. The qualitative work focused just on parents who had taken up a pilot place. The sample was selected to reflect the views and experiences of the range of families who participated in the pilot, including: working and non-working parents; families who had and had not used early years education before the pilot; those with an annual household income below and above £10,000; lone parents and couples; families from different minority ethnic groups; children with and without SEN or a disability.

Interviews lasted between 60 and 90 minutes, they were recorded (with respondents' permission) and transcribed verbatim. The data was then analysed using 'Framework', a qualitative analysis method developed by NatCen which uses a thematic approach to classify and interpret qualitative research data.

[25] Sylva et al. (2004).

1.4 Implementation of the pilot

This section summarises the findings from the mapping study which shows how local authorities implemented the pilot. Firstly, we should note that the local authorities taking part in the pilot varied in size, and as previously mentioned, were given a great deal of flexibility with regard to implementing the pilot. Therefore it was not surprising to find that the number of places available in each local authority was extremely variable, ranging from 20 to 750 places per school term. Local authorities' approaches to estimating the number of places they were able to offer largely fell into two camps: those that focused on demand from parents and those that focused on capacity within the childcare sector.

A wide range of families were targeted as part of the Two Year Olds Pilot and some local authorities employed many different criteria while others employed only one or two. Discussions with local authorities revealed three main strategies. The first strategy involved employing wide and flexible criteria - this was mainly the case for local authorities with a relatively large number of places on offer. The second involved strictly employing a few broad criteria to ensure simplicity and transparency e.g. residence in a disadvantaged ward - this too was mainly the case for local authorities with a large number of places on offer. The third strategy involved strictly employing a small number of criteria - this was mainly the case for authorities with only a small number of places on offer.

The types of disadvantaged families targeted included the following:

- Asylum seeking / refugee families
- Black and minority ethnic (BME) families
- Families at risk
- Families in temporary accommodation
- Families including three or more children aged under five
- Families including a child attending a setting in a particular ward
- Families including a child in care
- Families including a child with a disability
- Families including a lone parent
- Families including a teenage parent
- Families including children with additional needs[26]
- Families including looked after children
- Families including parents involved with substance misuse
- Families including parents who have experienced domestic violence
- Families including parents with a disability
- Families including parents with health issues
- Families involved with social services
- Families living in poor housing
- Families on a low income[27]
- Families residing in a particular ward
- Families with children on the Child Protection Register
- Families with English as an additional language
- Travelling families
- Workless families.

[26] Definitions of children with additional needs varied by local authority. It could include those who were statemented, those referred by a relevant professional, those involved with more than one professional, those fitting the criteria of the Common Assessment Framework, etc.

[27] Definitions of low income varied by local authority. It could include residence in a Children's Centre reach area, being in receipt of a means-tested benefit or tax credits, and falling below a certain household income threshold.

One final eligibility criterion for the pilot was based on early DCSF guidance, which suggested that the pilot should only be offered to children who would *not* have used formal childcare were it not for the pilot. However as the pilot progressed, this requirement was relaxed to allow more flexibility to respond to individual circumstances. For instance, some local authorities felt that families receiving only a few hours of childcare, receiving unregistered childcare, or receiving childcare for respite, would still benefit from the pilot. Therefore a number of places were offered to children who had received some form of formal childcare prior to taking up the pilot place.

The success with which local authorities filled their places was associated with two factors: the quality of information they had e.g. about capacity within local childcare providers or parental demand, and the success of their outreach strategies. The kinds of outreach strategies developed were often associated with the types of families local authorities were targeting for the pilot. For instance, those that offered places based on wide criteria, e.g. families living within a particular area, seemed more likely to employ at least some indirect marketing methods such as distributing leaflets and posters, or using the local media. In contrast, authorities who offered places to families in specific circumstances, e.g. children with special educational needs (SEN), generally relied on the direct targeting of families they were already involved with in some capacity, or direct targeting of disadvantaged families through other professionals and agencies such as health visitors, speech and language therapists, social workers, or Children's Centre outreach workers.

Outreach did not always end with the identification of eligible families however, since some local authorities placed substantial emphasis on supporting parents throughout the period during which they were accessing the place, to ensure their continued attendance e.g. through providing a helpline for parents encountering problems with the pilot place. Local authorities who did not provide continued support were likely to feel that this aspect of outreach was not their role and was instead the responsibility of the settings (see Kazimirski et al. (2008a) for more information about outreach).

Whilst the funding was originally made available for 7.5 hours per week, some local authorities had negotiated the ability to offer a greater number of hours to (some) children. A number of the local authorities offering the pilot were also 'pathfinders' for the extension to the 3 and 4 year olds offer, and were therefore providing 15 hours per week (instead of 12.5 hours) and were offering these hours flexibly. Since this initiative required them to offer sessions of childcare that were 3 hours long, some of these local authorities requested permission to offer 3 hours session to two year olds as well, thereby offering 9 hours per week in total. Furthermore, a small number of local authorities offered the pilot children 12.5 hours per week, corresponding to the offer available to 3 and 4 year olds.

Local authorities also needed to consider that the funding for the pilot only covered 38 weeks of the year, typically term-time but not standard school holidays. While this was not a problem in pilot settings which closed during the holidays, the issue was more complicated in settings that offered childcare all year round (e.g. many Children's Centres). Local authorities tended to resolve this in one of two ways - one group of authorities required children on the pilot to stop attending during school holidays, while the other group felt that a gap in attendance would be detrimental to children's development and therefore provided additional funding from separate revenue streams to enable continuous attendance.

It appears likely that the differences discussed with respect to implementation might have had an influence on children's experiences of the pilot and/or on the impact of the pilot. Therefore, where appropriate, subsequent chapters in the report will refer back to a number of the issues raised in this section regarding the allocation of pilot places.

1.5 The report

1.5.1 Content of the report

Chapter 2 of this report examines the extent to which the pilot reached disadvantaged children and their families by comparing the socio-demographic characteristics of pilot children and their families with a nationally representative sample of children of a similar age.

Chapter 3 focuses on pilot parents' perspectives of outreach. It addresses how families became involved in the pilot and their perceptions of why they were eligible. It also explores their experiences of securing a place, e.g. whether they could choose which setting their child went to, whether they were given their first choice, and whether they could choose the days on which their child would attend.

Since some local authorities highlighted the importance of providing ongoing support for families in order to ensure that they continued attending the setting, Chapter 4 considers the extent to which pilot parents continued using the pilot place to the end of their 38 weeks, and the extent to which 'drop out' was a problem. Where families had stopped accessing the free place, we look at the length of time they attended and the nature of the support they received or had available.

Chapter 5 explores patterns of using the free place, firstly in terms of the number of sessions and hours used, and secondly by looking at whether and how many hours were purchased on top of the free hours. This chapter also considers: pilot parents' views on the pattern of hours they received, attendance during the school holidays and the cost of any additional hours they received at the setting.

In Chapter 6 we look at pilot parents' experiences of using a free place. For instance, we look at the ongoing support parents received from setting staff, the verbal and written feedback they received about how their child was getting on, and the availability and signposting of other services.

The quality of the pilot settings forms the focus of Chapter 7, which considers the following dimensions of quality: space and furnishings, personal care routines, listening and talking, activities, interaction, program structure, parents and staff. Furthermore, it compares the quality of pilot settings with settings assessed as part of the National Evaluation of the Neighbourhood Nurseries Initiative (NNI) since both studies were targeted at disadvantaged populations and aimed to improve outcomes for young children.

Chapter 8 reports on the quantitative impact of the Two Year Olds Pilot through comparing the cognitive and social outcomes of pilot children with those of a matched comparison group of children.

Finally, Chapter 9 reports on the impacts of using early years education on parenting, family functioning and child well being, according to parents' own accounts.

1.5.2 Interpreting results in the report

A number of conventions have been adopted in the presentation of analysis in this report. Therefore the following should be borne in mind when interpreting the results.

Percentages

Due to rounding, percentage figures may not add up to exactly 100 per cent. Furthermore, where the information in tables is based on questions that could yield more than 1 response, the percentages in the table could add up to more than 100 per cent.

Bases

The tables in this report contain the total number of cases in the whole sample or in the particular sub-group being analysed, and the base for different columns (e.g. different types of families, income groups, etc.). The total base figure includes all the eligible cases (i.e. all respondents or all respondents who were asked a particular question) minus any coded as 'don't know' or 'not answered'. Thus, whilst the base description may be the same across several tables (e.g. all families using childcare in the last week), the base sizes may differ slightly due to the exclusion of those coded 'don't know' or 'not answered'.

Significance testing

Bases for some estimates are still relatively small, and as such it is therefore important to note the unweighted bases at the foot of the tables when drawing comparisons. Throughout the report, whenever the text comments on differences between sub-groups of the sample, these differences have been tested for significance, and found to be statistically significant at the 95 per cent confidence interval or above.

Symbols in tables

The symbols below have been used in the tables and they denote the following:

N/A	to indicate that this category does not apply (given the base of the table)
[ ]	to indicate a percentage based on fewer than 50 respondents
+	to indicate a percentage value of less than 0.5 per cent
0	to indicate a percentage value of zero.

2 SOCIO DEMOGRAPHIC PROFILE OF PILOT CHILDREN AND THEIR FAMILIES

2.1 Introduction

As discussed in Chapter 1, the Two Year Olds Pilot (the pilot) provided free part-time early years education to children who experienced some form of disadvantage. In order to better address local needs, the local authorities implementing the pilot were given flexibility regarding how to define disadvantage, which means that a wide range of criteria were implemented (for further details please see sections 1.1 and 1.4).

This chapter therefore describes the socio-demographic profile of the children who received places through the pilot at the time they started their free places, in order to explore the range of disadvantages experienced by the pilot children and their families. We cover: residence and household income; family characteristics, such as household work status; other parent characteristics; and child characteristics, including the language they speak and whether or not they have SEN, or an illness or disability. The final part of the chapter considers a number of these factors in combination as a measure of multiple disadvantage.

To put the socio-demographic profile of pilot children in context, their profile will be compared with the general population of families with young two year olds in England where possible. Almost all the estimates for the general population are based on families with children of an equivalent age in the Childcare and Early Years Parents Survey (2007)[28] (the Childcare Survey) since the fieldwork for this study was conducted during a similar time period to that for the evaluation of the Two Year Olds Pilot. However, the profile of ethnicity is compared with the ethnic population figures from the Office for National Statistics (2005) for children aged one to four, because the ethnicity question in the Childcare Survey was insufficiently detailed.

2.2 Deprivation and income

Firstly, as established in the mapping interviews, many local authorities chose to target the pilot towards families who lived in disadvantaged areas, either as a criterion in its own right or in combination with other facets of disadvantage. The result is a stark skew towards pilot families living in the most deprived areas of the country, as measured by the Index of Multiple Deprivation[29]. Seventy-three per cent of pilot families lived in an area that fell within the most deprived quintile (Table 2.1).

[28] Kazimirski et al. (2008b).

[29] The Index of Multiple Deprivation combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England.

Table 2.1 Index of multiple deprivation

Base: Childcare Survey respondents with 2 year olds and all pilot families

	Pilot families	Childcare Survey
	%	%
1st Quintile (least deprived)	1	19
2nd Quintile	2	16
3rd Quintile	7	17
4th Quintile	16	21
5th Quintile (most deprived)	73	26
Weighted bases	*1349*	*380*
Unweighted bases	*1349*	*570*

Low income was also a key target criterion for many local authorities, because children from low income families score lower than children from more affluent families on health assessments, cognitive development, school achievement and emotional well being[30]. In line with the location of many pilot families, it is clear from Table 2.2 that the household income of pilot families is markedly lower than average (33 per cent of pilot families had an annual income of £9,999 or less compared with only 20 per cent of families in the Childcare Survey).

The finding that ten per cent of pilot families had a household income of £30,000 or more reflects the fact that the criteria for inclusion in the pilot included non-income related disadvantage such as disability and the fact that area-based criteria possibly allowed a proportion of more affluent families to be eligible. This will be explored in more detail in section 2.6.

Table 2.2 Household income

Base: Childcare Survey respondents with 2 year olds and all pilot families

	Pilot families	Childcare Survey
	%	%
£9,999 or less	33	20
£10,000 - £19,999	40	26
£20,000 - £29,999	18	20
£30,000 or more	10	34
Weighted bases	*1305*	*352*
Unweighted bases	*1305*	*526*

Reflecting the differences found in levels of income, disparity can also be seen between the *sources* of income of pilot families and families from the Childcare Survey. Pilot families were more likely to receive all of the following means tested benefits: Jobseeker's Allowance, Income Support, Housing Benefit/ Council Tax Benefit, and sickness and disability benefit (Table 2.3).

[30] Feinstein et al. (2004); Brooks-Gunn et al. (1997).

Table 2.3 Receipt of benefits

Base: Childcare Survey respondents with 2 year olds and all pilot families

	Pilot families	Childcare Survey
	%	%
Jobseeker's Allowance	5	2
Income Support	37	19
Housing Benefit / Council Tax Benefit	37	18
Sickness and Disability Benefit	13	6
Other State benefits	4	3
Any benefits	53	28
Weighted bases	*1384*	*382*
Unweighted bases	*1384*	*572*

2.3 Family characteristics

Alternative approaches to determining eligibility for a pilot place included a consideration of family characteristics such as being a large family, a lone parent family, or a non-working family. Thus, in this section, we report on the profile of the pilot families according to these characteristics.

2.3.1 Couple and lone parent households and work status

As can be seen in Table 2.4, a family's household type and working status are strong predictors of low income and thus of child poverty (see section 2.2 for discussion about the influence of low income on child outcomes). For instance, if we look at the working status of couples in the pilot, 45 per cent of non-working couple families had an income of £9,999 or less, compared with only three per cent of dual-earning couple families. Furthermore, if we focus on workless households, we can see that lone parenthood is particularly associated with low income since 69 per cent of non-working lone parents had an income of £9,999 or less compared with 45 per cent of non-working couple households. It is therefore unsurprising that a large proportion of local authorities operating the pilot targeted workless households and lone parents in their pilot outreach.

Table 2.4 Household income, by household work status

Base: All pilot families

	Couple: both in work	Couple: one in work	Couple: neither in work	Lone parent: in work	Lone parent: not in work
	%	%	%	%	%
£9,999 or less	3	9	45	18	69
£10,000 - £19,999	28	52	51	57	28
£20,000 - £29,999	38	31	4	12	3
£30,000 or more	31	8	1	14	+
Weighted bases	*264*	*324*	*175*	*113*	*429*
Unweighted bases	*264*	*324*	*175*	*113*	*429*

Table 2.5 shows how the lone parent versus couple split of pilot families differed from families with children of equivalent age in the Childcare Survey. Here the findings reflect the fact that many local authorities' outreach strategies focused on lone parent families. The proportion of the lone parent families in the pilot was almost double that of the proportion found in the general population of families with two year olds (41 per cent compared with 23 per cent).

Table 2.5 Household type

Base: Childcare Survey respondents with 2 year olds and all pilot families

	Pilot families	Childcare Survey
	%	%
Couple	59	77
Lone parent	41	23
Weighted bases	*1387*	*382*
Unweighted bases	*1387*	*572*

Table 2.6 shows that amongst couples, local authorities provided places for a relatively high proportion of workless households, for whilst 23 per cent of couple families who took up the pilot were out of work, this was the case for only eight per cent of families in the Childcare Survey. In contrast, the families in the Childcare Survey consisted of correspondingly more dual-earning couples (there was no difference in the number of sole earner households). However, it is notable that whilst there were fewer dual-earning couples in the pilot than in the population, one-third of pilot families fell within this category (34 per cent).

Table 2.6 Working status of couple families

Base: Childcare Survey partnered respondents with 2 year olds and all pilot couple families

	Pilot couple families	Childcare Survey couple families
	%	%
Both in work	34	50
One in work	43	42
Neither in work	23	8
Weighted bases	*819*	*294*
Unweighted bases	*819*	*443*

As with couple families, a substantial proportion of lone parent pilot families were in work (21 per cent). However, in contrast to couple families, this proportion was not significantly different from the lone parent families in the Childcare Survey (Table 2.7).

Table 2.7 Working status of lone parents

Base: Childcare Survey lone parent respondents with 2 year olds and all pilot lone parent families

	Pilot lone parents %	Childcare Survey lone parents %
In work	21	22
Not in work	79	78
Weighted bases	*568*	*88*
Unweighted bases	*568*	*129*

2.3.2 Number of children in the household

Family size can indicate potential disadvantage for two main reasons. Firstly, larger families (particularly those with a large number of pre-school children) can struggle to afford childcare or early years education which is particularly expensive for young children[31]. This in turn makes it difficult for parents to work. Secondly, the greater burden of household tasks and the need for parents to divide their time between more children can mean that parents have less time to spend engaging in activities with each individual child[32]. A small number of local authorities therefore chose large families as a target group for the pilot. However, in line with the limited focus on this group, the proportion of large pilot families was not significantly different to the proportion found in the population of families with children of equivalent age (30 per cent of pilot families included three or more children, compared with 27 per cent of families in the Childcare Survey, see Table 2.8).

Table 2.8 Number of children in the household

Base: Childcare Survey respondents with 2 year olds and all pilot families

	Pilot families %	Childcare Survey %
1	33	30
2	37	43
3+	30	27
Weighted bases	*1387*	*382*
Unweighted bases	*1387*	*572*

[31] Kazimirski et al. (2008); Iacovou and Berthoud (2006).
[32] Smith et al. (2009).

2.4 Parent characteristics

We now turn from family to parent characteristics, including the prevalence of teenage parents, and longstanding parental illnesses and disabilities.

2.4.1 Teenage parents

Research has shown that children of young mothers perform poorly on cognitive assessments compared with children of older mothers, and are at a higher risk of poor school attainment, which might be the result of less adequate parenting skills or could be due to the correlation with lower socio-economic status[33]. Either way, such research supports the decision by a number of local authorities to include teenage parents in their pilot outreach strategies.

Although only a small proportion of pilot parents were teenagers (three per cent), this was significantly higher than the proportion of teenage parents in the Childcare Survey (less than half a per cent).

2.4.2 Parental illness and disability

Parental illness and disability can also be associated with poorer child outcomes since a higher proportion of disabled parents are out of work and therefore in low income households[34]. Within pilot families, 18 per cent of mothers and 15 per cent of fathers had a longstanding illness or disability. The prevalence of illness and disability was greater amongst both mothers and fathers in pilot families than in families in the general population. This partly reflects the inclusion of parental illness and disability as a target criterion in a number of local authorities, but may also be a function of the targeting of workless households (see Table 2.9).

Table 2.9 Parental illness and disability

Base: Childcare Survey respondents with 2 year olds and all pilot families

	Pilot families %	Childcare Survey %
Mother has an illness / disability	18	11
Father has an illness / disability	15	10
Mother's illness / disability:		
Weighted bases	*1368*	*381*
Unweighted bases	*1368*	*571*
Father's illness / disability:		
Weighted bases	*832*	*277*
Unweighted bases	*832*	*421*

NB Row percentages

[33] Furstenburg et al. (1987); Marsh and Vegeris (2004).
[34] HM Treasury (2004b).

2.5 Child characteristics

Local authorities also determined eligibility for the pilot according to children's characteristics. For instance, fostered children, children who spoke English as an additional language, children with SEN, longstanding illness, or disability, and children from Black or minority ethnic backgrounds all formed target groups across a number of local authorities. This section therefore explores the socio-demographic profile of pilot children in these respects.

2.5.1 Foster children

As mentioned above, foster children were a target group identified by some local authorities. Within pilot families, one per cent of the children were fostered. Unfortunately we cannot make any comparison with the Childcare Survey because its sample does not represent the population of foster carers.

2.5.2 Ethnicity and English as an additional language

Table 2.10 presents the ethnic profile of children in the pilot, compared with ethnic population figures from ONS for children aged one to four[35]. Just over three-quarters of the pilot families were White British (76 per cent) and in total 78 per cent of pilot families were White. The second most prevalent ethnic group was Asian or Asian British (11 per cent), five per cent of families were from a mixed background, four per cent were Black or Black British, and only one per cent came from a Chinese or other background. This suggests that a greater proportion of children from minority ethnic groups took up pilot places than are present in the general population - and particularly over represented children from Asian families.

[35] This table uses data from the follow up interview and estimated ethnic population figures from ONS in 2005, because the ethnicity questions at the baseline and in the Childcare Survey were less detailed.

Table 2.10 Ethnicity

Base: All pilot children

	Pilot families %	Population %
White	**78**	**84**
British	76	81
Irish	0	+
Other white background	2	2
Mixed	**5**	**4**
White and Caribbean	2	1
White and Black African	1	1
White and Asian	1	1
Other mixed background	2	1
Asian or Asian British	**11**	**7**
Indian	3	2
Pakistani	5	3
Bangladeshi	1	1
Other Asian background	2	1
Black or Black British	**4**	**3**
Caribbean	1	1
African	3	2
Other Black background	1	+
Chinese or other ethnic group	**1**	**1**
Chinese	+	1
Other background	1	1
Weighted base	*1116*	*2288700*
Unweighted base	*1116*	*2288700*

Children who speak English as an additional language are more likely to enter pre-school scoring lower on cognitive ability measures than children who speak English as their first language[36]. This explains why children speaking English as an additional language were targeted by many local authorities participating in the pilot. The proportion of children in the pilot who spoke: English as their only language; an additional language but with English as their first and main language; or an additional language as their first or main language, can be seen in Table 2.11. As would be expected, the majority of children spoke only English. However, 17 per cent spoke another language. This includes ten per cent of pilot children who spoke another language as their first or main language, and seven per cent who spoke English as their first and main language.

[36] Sylva et al. (2004).

Table 2.11 Other languages

Base: All pilot children

	%
Speaks English only	83
Speaks English as first and main	7
Speaks other language as first or main	10
Weighted base	*1387*
Unweighted base	*1387*

2.5.3 SEN and illness / disability

Previous research suggests that children with SEN are more likely than other children to be living in disadvantaged families[37]. For instance, they are more likely to be in a lower income household, have a parent with an illness or disability, have a mother with low or no educational qualifications, be in a lone parent household, and have parents who are out of work. As such, their needs are often compounded, which made them a target group for several authorities for the pilot. As can be seen from Table 2.12, children with SEN and disabilities were over-represented amongst pilot families compared with the families in the Childcare Survey. Indeed, 17 per cent of pilot children had SEN or an illness or disability compared with only six per cent in the Childcare Survey. This pattern holds true for SEN and disability separately, and also if we look specifically at mental or physical disabilities.

Table 2.12 SEN and illness/ disability

Base: Childcare Survey 2 year olds and all pilot children

	Pilot children	Childcare Survey
	%	%
SEN	7	1
Illness / disability[38]	13	5
- mental illness / disability	*2*	+
- physical illness / disability	*12*	*5*
SEN or illness / disability	17	6
SEN:		
Weighted bases	*1382*	*457*
Unweighted bases	*1382*	*572*
Disability:		
Weighted bases	*1387*	*457*
Unweighted bases	*1387*	*572*

[37] Bryson et al. (2005).

[38] The question determining types of illness or disability was multi-coded, therefore mental and physical illnesses / disabilities are not mutually exclusive.

The nature of the pilot children's SEN (as reported by their parent) is presented in Table 2.13. By far the most common form of SEN was speech or language difficulties (71 per cent of those with SEN). The next most common forms of SEN were physical disabilities (25 per cent), learning difficulties (22 per cent), behavioural problems (16 per cent), and hearing impairments (ten per cent). All other needs were reported by five per cent or fewer of the pilot parents whose children had SEN, which will be due in part to the fact that many of these SEN are identified more commonly for older children.

Table 2.13 Nature of SEN

Base: All pilot children with SEN

	%
Speech and / or language difficulties / problems	71
Physical disability	25
Learning Difficulties	22
Behavioural problems	16
Hearing impairment / deafness	10
Autistic Spectrum Disorder	5
Visual impairment / blindness	5
Emotional problems	3
ADHD / hyperactivity / lack of concentration	3
Dyspraxia	2
Social problems	2
Mental health problems / depression	1
Dyslexia	0
Dyscalculia	0
Aspergers Syndrome	0
Multi Sensory Impairment / Deaf / Blind	0
Other	7
Weighted base	*103*
Unweighted base	*103*

NB Only seven two year olds in the Childcare Survey had SEN so the percentages are not shown.

The nature of illnesses and disabilities found amongst the pilot children is more diverse than for SEN. Less than one third of pilot children had any one type of illness or disability (as reported by their parent). The most common difficulty was chest or breathing problems (31 per cent), and second most common was being a sufferer of skin conditions or allergies (26 per cent, see Table 2.14).

Table 2.14 Nature of illness/ disability

Base: Childcare Survey 2 year olds and all pilot children with an illness/ disability

	Pilot children	Childcare Survey
	%	%
Chest, breathing problem, asthma, bronchitis	31	[43]
Skin conditions, allergies	26	[37]
Problems with arms, legs, hands, feet, back or neck	16	[8]
Stomach, liver, kidney or digestive problems	14	[5]
Learning difficulties (or mental handicap)	13	[2]
Heart, blood pressure or blood circulation problems	10	[7]
Difficulty in seeing	7	[4]
Difficulty in hearing	6	[0]
Epilepsy	4	[5]
Childhood / congenital conditions	4	[2]
Cerebral palsy	4	[N/A]
Diabetes	1	[0]
Depression, bad nerves	0	[0]
Mental illness or suffer from phobia, panics or other nervous disorders	0	[0]
Other health problems or disabilities	13	[15]
Weighted bases	*185*	*25*
Unweighted bases	*185*	*33*

2.6 Multiple disadvantage

Parental characteristics are usually a source of resilience for their children but some characteristics can prove a source of risk[39]. Furthermore, experiencing multiple disadvantage can have a compounding effect. A report by the Cabinet Office (2007) used data from the Families and Children Study (FACS) to demonstrate that families with a lone parent, living in social housing, with a young mother, and where the mother's main language is not English, face a higher than average risk of experiencing multiple problems. In turn, the impact of facing multiple problems was shown to include a negative association with a range of Every Child Matters outcomes for children.

To calculate a measure of multiple deprivation for pilot families and families from the Childcare Survey we summed the number of factors that applied from the following list: lone parenthood, workless household, teenage parent, parent with a disability, membership of a BME group, children speaking English as an additional language, child with SEN or a disability, income under £10,000 or on benefits, living in one of the 20 per cent most deprived wards. The distribution of the sum of these measures can be found in Table 2.15. From these findings it is apparent that pilot families were substantially more likely to be deprived in multiple ways than families in the general population. As such, the risk of negative child outcomes in the absence of government intervention is substantially higher for the pilot families than for those in the general population.

[39] Cabinet Office (2007).

Table 2.15 Multiple Deprivation

Base: Childcare Survey respondents with 2 year olds and all pilot families

	Pilot children %	Childcare Survey %
Little deprivation		
0	8	42
1	17	19
Some deprivation		
2	16	10
3	19	12
Multiple deprivation		
4	22	10
5	13	6
6	5	+
7	1	0
Weighted bases	*1387*	382
Unweighted bases	*1387*	572

We can see in Table 2.15 that whilst 92 per cent of pilot families experienced at least one form of disadvantage, there are eight per cent of pilot families who experienced none of the disadvantages forming this measure of multiple deprivation. A look at the work status of those families that experienced none of these disadvantages reveals that 66 per cent were dual-earning households (making 34 per cent sole earning households). Forty per cent had an annual household income of £20,000 - £29,999, with 22 per cent receiving £30,000 or more.

Looking at the reasons local authorities provided for targeting these eight per cent of apparently 'non-disadvantaged' families, we find that the majority were targeted because of the area that they lived in (71 per cent)[40]. So, whilst they lived outside the 20 per cent most deprived wards, most of them qualified as eligible for the pilot according to a different geographical criterion implemented by the local authority. For example, some targeted the pilot at the 30 per cent most deprived areas of the authority, whilst others targeted families living in a Children's Centre catchment area. Therefore it seems like the majority of these eight per cent of families are relatively advantaged but live in more disadvantaged areas.

This is also illustrated, in Table 2.16 which shows that these 'non-disadvantaged' families were more likely to live in a local authority whose predominant outreach strategy was a 'broad geographic or economic' indicator of disadvantage e.g. living in a particular area, being on a low income; compared with local authorities whose predominant outreach strategy was 'family-specific' e.g. being a lone parent, having a child with SEN (see Chapter 3 for more details about outreach strategies and the classification of local authorities).

[40] Note that unfortunately this information was only provided for 54 per cent of these families.

Table 2.16 Multiple Deprivation, by LA's outreach strategy

Base: All pilot families

	Family-specific indicators	Broad indicators
	%	%
Little deprivation		
0	4	11
1	12	23
Some deprivation		
2	15	17
3	18	19
Multiple deprivation		
4	27	16
5	16	9
6	6	4
7	1	1
Weighted bases	*729*	658
Unweighted bases	*729*	658

On the other hand, it is of course true that local authorities implemented a number of recruitment criteria that we were not able to capture through the survey. For instance, we have no information about whether pilot families experienced domestic violence, or alcohol or drug abuse, and it may be the case that criteria such as these also partly account for the engagement of the eight per cent of apparently 'non-disadvantaged' families with the pilot.

2.7 Summary

In almost all respects the pilot children were more disadvantaged than the general population of two year olds. A considerable proportion of families lived in the 20 per cent most disadvantaged areas of the country (73 per cent) which reflects the use of this criterion in the targeting of many local authorities.

Pilot families tended to have a lower income than the general population, since 33 per cent had a household income of under £10,000 compared with 20 per cent amongst the general population of two year olds. Likewise, 53 per cent of pilot families received means tested/ state benefits compared with 28 per cent amongst the population. However, on the other hand a notable minority (ten per cent) seemed to be relatively affluent, having an income of £30,000 or more.

There were many more lone parents amongst pilot families (41 per cent compared with 23 per cent), but no difference in the likelihood that a lone parent would be working. This is in contrast to couple families amongst whom almost three times as many pilot families were non-working compared with the general population (23 per cent of couples in pilot families compared with eight per cent). There was no difference in family size.

A small proportion of pilot families included a teenage parent (three per cent) but this was nevertheless greater than the proportion within the population (less than half a per cent). There was also a higher prevalence of longstanding illnesses and disabilities amongst both pilot parents and pilot children. In terms of SEN, seven per cent of pilot children were identified as having additional needs compared with only one per cent of the population. The most common form of SEN was difficulties with speech and language.

The ethnic profile of families in the pilot was that 78 per cent of families were from a White background, 11 per cent from an Asian background, five per cent from a mixed background and four per cent from a Black background. It is likely that this represents a greater proportion of BME groups than are present in the population, since amongst one to four year olds in England an estimated 84 per cent are from a White background (compared with 78 per cent in the pilot).

Lastly, when considering a wide range of disadvantages in combination, 92 per cent of pilot children appeared to experience one or more forms of disadvantage, suggesting that the pilot was well-targeted overall. However, this does of course mean that the remaining eight per cent of pilot families appeared to experience no obvious form of disadvantage. The reasons provided by local authorities for the inclusion of these families on the pilot suggested that they were identified as eligible because of where they lived, even though they did not live in one of the 20 per cent most deprived wards. So, it appears that eligibility was sometimes determined by a different geographical criterion implemented by the local authority e.g. residence in one of the 30 per cent most deprived areas of the authority, or a Children's Centre catchment area. As such the majority of these eight per cent of families may be relatively advantaged but living in more disadvantaged areas. However, local authorities also implemented a number of recruitment criteria that we were not able to capture through the survey. For instance, we have no information about whether pilot families experienced domestic violence, or alcohol or drug abuse, and it may be the case that criteria such as these also partly account for the engagement of the eight per cent of apparently 'non-disadvantaged' families with the pilot.

3 IMPLEMENTING THE FREE PLACE

3.1 Introduction

This chapter looks at the implementation of the pilot and focuses on the families who received a free place. We first look at local authorities' criteria for identifying families eligible for a free place and, using the survey data, we explore parents' awareness of these criteria. We then present the survey results on how parents came to find out about and be offered a free place, why they took it up, and what they felt about it at the time[41]. In the last part of the chapter, we present findings from the qualitative interviews with parents, which explored influences on the decision to take up a free place in-depth.

3.2 Eligibility for a free place

This section first presents some of the results from the mapping study on how local authorities decided who could be eligible for a pilot place. We then look at parents' perceptions of eligibility as explored in the survey.

3.2.1 Local authorities' eligibility criteria

The mapping study, which was conducted at the start of the evaluation of the Two Year Olds Pilot, explored how local authorities decided which types of families were eligible for a place. Local authorities were given flexibility to decide how to define disadvantage in their area and allocate free places. The mapping study showed that local authorities selected families for a range of reasons, and that in some instances the selection criteria were wide and included a range of factors, while in others they were narrow, perhaps defined by a single criterion. The mapping study also suggested that local authorities varied in how flexibly rules were applied to targeting groups. Broadly speaking, local authorities with wide selection criteria tended to take a more flexible approach to selecting children onto the pilot, e.g. making decisions on a case by case basis, while local authorities who had more stringent criteria or fewer places to allocate may have applied selection rules more strictly to avoid disappointing people who otherwise might have thought they could be eligible for a place (see section 1.4 for more details on how the local authorities implemented the pilot).

When local authorities provided us with the contact details for pilot families (after an opt-out procedure, see Appendix A) they also provided information on the reasons each family had been allocated a pilot place. From Table 3.1, it can be seen that the most common eligibility criteria were that the family lived in target area (33 per cent) or because they were on a low income (19 per cent). Other common criteria were including a lone parent (15 per cent) or a child with SEN (13 per cent). The percentage of families targeted because they were travellers or living in temporary accommodation was very low.

[41] No survey weights have been applied within this chapter so only unweighted bases are presented.

Table 3.1 LA's criteria for offering a place

Base: All pilot families

	%
Lives in target area	33
Low income	19
Lone parents	15
Children with SEN or a disability	13
Families at risk	12
From a Black or minority ethnic background	8
Workless households	8
Children from EAL background	7
Children on the Child Protection Register	3
Looked-after children	2
Refugees and asylum seekers	2
Teen parents	2
In temporary accommodation	+
Travellers (as a specific minority ethnic group)	+
Other	17
Unweighted base	*968*

NB Local Authorities did not provide the eligibility criteria for 419 families.

In order to explore how local authorities' selection criteria were associated with other areas of implementation considered within the chapter (such as the application process), we classified local authorities according to the predominant eligibility criterion used, dividing them into two groups, namely those whose predominant criterion could be classified as a 'broad geographic or economic' indicator of disadvantage and those whose predominant criterion could be classified as a 'family-specific' indicator of disadvantage. These were defined as follows:

Broad geographic or economic indicators of disadvantage:

- living in a particular area
- being on a low income
- workless households.

Family-specific indicators of disadvantage:

- including a lone parent
- including a child with SEN or a disability
- refugees or asylum seekers
- families whose first language is not English
- families from a Black or minority ethnic group
- teenage parents.

Fifty-three per cent of families were selected by local authorities for family-specific reasons, while 47 per cent were selected on the basis of broad geographic or economic indicators of disadvantage.

3.2.2 Parents' thoughts on eligibility

Looking now at parents' perceptions, Table 3.2 shows the range of reasons parents thought their child was eligible for a free place. Parents were shown a list of possible reasons, and were asked whether they thought their child was eligible for a place for any of the reasons listed[42]. Some parents identified a particular targeting criterion, such as being a lone parent (23 per cent), being on a low income (18 per cent) or having a child with some kind of SEN (14 per cent). However, this contrasted with other parents who did not mention specific eligibility criteria and instead thought that all children in their area were eligible for a free place (22 per cent).

Table 3.2 Pilot families' thoughts on eligibility

Base: All pilot families

	%
Lone parent	23
All families in the area are eligible for a free place	22
Low income family	18
Child needs help with speech and language / has SEN	14
Family lives in a particular estate / road	9
One or both parent is unemployed	8
Family has some problems at home	8
Parent(s) has health problems	8
Family does not speak English as a first language	5
Young parent / teen parent	5
Child is disabled	3
Family is from a Black or minority ethnic group	3
Family from another country and applying to live here	2
Child is fostered or in a children's home	1
Traveller family	1
Other	6
Unweighted base	*1237*

NB 150 Parents did not know the reason that they were eligible for the pilot.

3.2.3 Comparison of local authorities' and parents' thoughts about eligibility

We compared the eligibility criteria identified by different local authorities with the thoughts of parents living in each authority about their own eligibility. The highest degree of overlap was where local authorities reported lone parenthood as the eligibility criterion since 61 per cent of these parents also identified this as the reason that they had been offered a pilot place. There was a poorer overlap where eligibility was related to ethnicity, or being a refugee or asylum seeker (both 14 per cent). The weak fit between parents' thoughts and local authorities' actual selection criteria illustrated in Table 3.3 suggests either that local authorities were not very transparent about why parents were selected, that parents were

[42]Interviewers introduced this question by stating "In different areas around the country, free childcare is being provided to families with two year olds for different reasons. " Parents were then asked "in your case, do you know if *(child name)* was able to take up the free childcare place for any of these reasons?"

just not aware of why they were chosen, or both. Findings from the qualitative study support the idea that parents were not typically told, at least explicitly, why they were offered a place.

Table 3.3 Percentage of overlap between LA's and families' reasons for selection

Base: Families that the LA had targeted for each reason

	%	*Unweighted bases*
Lone parent	61	*139*
Children with SEN or a disability	[45]	*19*
Family on low income	39	*167*
Children in foster care / looked-after children	[38]	*16*
Teen / young parent	[32]	*19*
Lives in target area	24	*512*
Children from EAL background	31	*58*
Workless household	17	*78*
BME	14	*72*
Refugee / asylum seeker	[14]	*14*

3.3 How parents heard about the pilot

Before the survey with parents was conducted, we carried out an in-depth qualitative study with six local authorities offering the pilot. This 'outreach study'[43] aimed to investigate how local authorities designed, managed and delivered their outreach strategies. The outreach study identified three approaches to targeting families. One strategy was to focus on one or two disadvantaged groups who were 'at risk', such as teenage parents, families with domestic violence, families with significant caring responsibilities, and children with a disability or behavioural problems. Outreach in these cases would typically occur through professionals already involved with families, such as health visitors and social workers. A second strategy was to target a wide range of disadvantaged groups (for broad and family-specific reasons), using direct and indirect marketing and a range of referral partners. A third strategy used similar methods, but aimed to universally target families living in very disadvantaged wards.

Direct marketing strategies included local authorities utilising existing contact with other agencies (such as health visitors, GPs, and outreach workers), and briefing these agencies on identifying and recruiting eligible families. Indirect marketing typically took the form of posters and leaflets that advertised the pilot in, for example, public spaces (such as posters on buses or in shops), educational establishments (such as through leaflets in schools or Children's Centres), and through parents' employers (such as posters on work notice boards). This section looks at how the pilot families heard about the pilot, and the clarity of the information they received.

3.3.1 Sources of information about the pilot

As seen in Table 3.4, three groups of people were most commonly identified by parents as having provided information about the free places: a health visitor or GP (43 per cent), staff from a childcare or nursery setting (40 per cent), and friends, relatives or other parents (37 per cent). The focus on formal sources of information seems to reflect the intensive marketing and outreach approaches used in the pilot. The Childcare Survey (2007)[44] shows

[43] Kazimirski et al. (2008a).
[44] Kazimirski et al. (2008b).

that most parents of children aged two or under found out about early years provision from informal sources, such as friends and relatives (54 per cent), and considerably smaller proportions relied on formal information sources such as a health visitor/ clinic (22 per cent) or a childcare setting (eight per cent).

Table 3.4 Sources of information about the pilot

Base: All pilot families

	%
Health visitor or GP	43
Staff from a childcare or nursery setting	40
Friends / relatives / other parents	37
Family support worker	6
Social worker	5
Children's / Family Information Service (CIS / CFIS)	5
Speech and Language Therapist / SENCO	3
Staff on a phone-line	3
Teenage Pregnancy Support staff	1
Portage / Inclusion workers	1
Other	4
None of these	7
Unweighted base	*1386*

3.3.2 Written and other media providing information about the pilot

Table 3.5 shows that the most common sources of written information about the pilot were letters and leaflets/ booklets (both 27 per cent). Media such as radio, TV and websites were very unlikely to be mentioned, and a substantial proportion of parents (43 per cent) did not receive any written information.

Table 3.5 Sources of written and media information about the pilot

Base: All pilot families

	%
From a leaflet or booklet	27
Sent a letter	27
On a poster	4
In a newspaper / magazine advert	3
Local authority / Children's / Family Information Service (CIS/CFIS) website	3
Radio / TV	1
Another website	1
Other	1
None of these	43
Unweighted base	*1384*

The location of written information about the pilot primarily illustrates the nature of the outreach strategies that local authorities employed. As seen in Table 3.6, parents who received a leaflet or booklet were most likely to receive this from a childcare or nursery setting (37 per cent), from a letter that was sent to them, or from a health visitor or GP (both 24 per cent). Other locations were very uncommon (each being reported by three per cent or fewer parents).

Table 3.6 Location of leaflets or booklets

Base: All pilot families who received information from a leaflet or booklet

	%
Childcare / nursery setting	37
Arrived with a letter	24
GP's / health visitor's surgery or clinic	24
Community Centre	3
School	3
Friends / relatives / other parents	2
Library	1
Public transport	+
Somewhere else	8
Unweighted base	*377*

Of the parents who saw information about the pilot on a poster, most saw it at a childcare or nursery setting (40 per cent), or at a GP or health visitor's surgery or clinic (23 per cent, see Table 3.7).

Table 3.7 Location of posters

Base: All pilot families who received information from a poster

	%
Childcare / nursery setting	40
GP's / health visitor's surgery or clinic	23
Public transport	18
Community Centre	12
School	8
Library	7
Somewhere else	13
Unweighted base	*60*

3.3.3 How parents first heard about the pilot and LA's outreach strategy

Families targeted on the basis of family-specific indicators of disadvantage were more likely to receive information from a health visitor or GP compared with families selected on the basis of broader geographic or economic indicators of disadvantage, who were instead more likely to receive information from staff at a nursery setting, from friends, relatives and other parents, or from a letter or leaflet (Table 3.8).

Table 3.8 From where parents first heard about the pilot, by LA's outreach strategy

Base: All pilot families

	Family-specific indicators	Broad indicators
	%	%
Health visitor / GP	39	22
Staff from a childcare / nursery setting	16	20
Friends / relatives / other parents	12	21
Sent a letter	8	13
Leaflet or booklet	5	8
Unweighted bases	*697*	*629*

Working parents (both lone and partnered) were more likely than their non-working counterparts to have heard about the pilot from informal sources such as friends, relatives and other parents. Non-working families (again both lone and partnered) were instead more likely to have been told about the free place by a professional such as a health visitor or GP (Table 3.9). As discussed earlier, it was common for pilot families to have received information about the programme from professionals[45], and it would seem that a distinct characteristic of the pilot was that professionals were used to target or reach the most disadvantaged target families, such as those not in work.

Table 3.9 From where parents first heard about the pilot, by household work status

Base: All pilot families

	Couple: both in work	Couple: one in work	Couple: neither in work	Lone parent: in work	Lone parent: not in work
	%	%	%	%	%
Health visitor / GP	27	26	36	25	37
Staff from a childcare / nursery setting	21	20	17	18	15
Friends / relatives / other parents	21	19	13	19	11
Sent a letter	12	12	8	8	10
Leaflet or booklet	7	9	4	9	5
Unweighted bases	*265*	*331*	*183*	*113*	*434*

Income was also associated with how families first heard about the pilot. From Table 3.10 we can see that families with the lowest incomes were more likely than those with the highest incomes to hear about the free place from a health visitor or GP (35 per cent for those with an income under £10,000 compared with 22 per cent for those with an income of £30,000 or more). Instead, higher income families were more likely than lower income families to hear about the pilot from staff at a childcare or nursery setting, or from friends, relatives or other parents. As with non-working parents, this could be related to the level of potential disadvantage, and the fact that low income families were likely to be targeted with intensive outreach approaches.

[45] For example, Kazimirski et al. (2008b).

Table 3.10 From where parents first heard about the pilot, by household income

Base: All pilot families

	£9,999 or less %	£10,000 - £19,999 %	£20,000 - £29,999 %	£30,000 or more %
Health visitor / GP	35	32	27	22
Staff from a childcare / nursery setting	15	17	24	21
Friends / relatives / other parents	12	17	21	14
Sent a letter	9	11	8	16
Leaflet or booklet	6	7	9	7
Unweighted bases	*415*	*492*	*221*	*121*

Whether or not parents spoke English as a first language was not associated with differences in how they first heard about the pilot.

3.3.4 Clarity of information received

This section talks about parents' perceptions of the clarity of the information in letters, booklets or leaflets. Of the families who heard about the pilot from a letter that was sent to them, 94 per cent found the information very or fairly clear, and only a small proportion (six per cent) found the information in some way unclear (Table 3.11). Similarly, of the families who heard about the pilot from a leaflet or booklet, 97 per cent found the information clear. Thus only a very small minority (four per cent) found the information in some way unclear (Table 3.11) which suggests that information could be presented in a similar manner in the national roll out of the pilot. However, it should be recognised that these constitute the views of parents that took up a pilot place and may not represent the views of all parents who were offered a place.

Table 3.11 Clarity of information received, by method of communication

Base: All pilot families who received information via a letter, or a leaflet or booklet

	Letter %	Leaflet or Booklet %
Very clear	70	64
Fairly clear	24	33
Not very clear	6	3
Not at all clear	+	1
Unweighted bases	*374*	*379*

3.4 Applying for a free place

This section looks at parents' experiences of applying for a free place, and the help that was available to them. It starts by looking at the findings from the survey, and then looks at the findings from the qualitative interviews with parents.

3.4.1 The application process: findings from the survey

Seventy-six per cent of parents were required to fill in an application form for the pilot. Of these, 73 per cent filled in the application form themselves, and 27 per cent of forms were filled in by someone else.

Most parents who completed the application form themselves said there was someone available to help (70 per cent). Twenty-eight per cent of parents said there was no-one to help, but that they did not want help. Only a small proportion of parents (two per cent) had no-one to help them with the application and would have liked some help[46].

Table 3.12 compares families in local authorities with different eligibility criteria. It can be seen that families in local authorities that targeted people for family-specific reasons were more likely to have someone to help during the application process. In contrast, families targeted for broader geographic or economic reasons were less likely to have help, but tended to report that they did not require any help.

Table 3.12 Help with application process, by LA's outreach strategy

Base: All pilot families who completed the application form themselves

	Family-specific indicators	Broad indicators
	%	%
Help was available	75	64
No help available and did not want help	23	34
No help available and wanted help	2	2
Unweighted bases	*393*	*372*

Lower income groups were more likely to have help available during the application process than higher income groups, but very few parents wanted help (Table 3.13).

Table 3.13 Help with application process, by household income

Base: All pilot families who completed the application form themselves

	£9,999 or less	£10,000 - £19,999	£20,000 - £29,999	£30,000 or more
	%	%	%	%
Help was available	72	75	60	61
No help available and did not want help	25	23	37	39
No help available and wanted help	3	2	3	0
Unweighted bases	*238*	*282*	*130*	*75*

[46] Parents who had problems completing the application form were asked what those problems were, but the number of parents who had such problems is too small to analyse.

There were no differences between families who did and did not speak English as a first language regarding whether help was available, required, or lacking. Thus language did not seem to be a barrier to completing the application form.

3.4.2 The application process: findings from the qualitative interviews

Qualitative interviews with parents reflected the diverse approaches local authorities used to target families, and in particular the fact that more intensive outreach approaches were used with families with a high level of need. For example, some parents were told about or encouraged to take up a pilot place by a professional who was already working with the family (such as a health visitor, midwife, childcare staff, or a social worker) and who also helped parents with the application process. These parents seemed to have a high level of need and, as a consequence, were receiving some kind of family support. Examples of this were a lone mother who was suffering from depression and had three children, and a father who had lost his wife when both children were very young and who had not previously shouldered daily childcare responsibilities.

Some parents described receiving a letter and then responding to the letter in writing or by phone. These letters were sometimes described as having come "*out of the blue*", with parents not being sure why they were being offered the place. Other parents heard about the pilot through word-of-mouth or saw it advertised. All these parents typically described the process of obtaining more information about the pilot and applying for a place as easy and quick, with children typically starting the pilot shortly after the application was accepted. While these parents had to be more proactive about gathering information and seemed less likely to receive support than the group described previously, they also seemed less likely to need help and support.

The findings from the qualitative interviews seem in line with the survey results which showed that the more disadvantaged groups were more likely to have been targeted using intensive outreach approaches and to have received support with the application process.

3.5 Place allocation

This section looks at the input that parents had into where their child was allocated a place. We explore whether they could choose which setting their child went to, whether they were given their first choice, and whether they could choose the days on which their child would attend.

3.5.1 Choice of setting

More than two-thirds (68 per cent) of parents were given a choice of which setting their child would go to, and families were as likely to be given a choice of setting irrespective of the local authority's eligibility criteria. In cases where parents had been given a choice of setting, the majority (89 per cent) said the setting they ended up using was their first choice.

Overall, families in local authority areas with narrower eligibility criteria for the pilot had a greater chance of being given their first choice of setting than those in areas where broader geographic or economic criteria were used to identify eligible families (93 per cent compared with 84 per cent). Correspondingly, parents who would have preferred their child to go elsewhere were more likely to be resident in local authorities with broad geographic or economic recruitment strategies rather than family-specific strategies (13 per cent compared with six per cent, see Table 3.14).

Table 3.14 First choice of setting, by LA's outreach strategy

Base: All pilot families given a choice of setting

	Family-specific indicators	Broad indicators
	%	%
Setting was parent's first choice	93	84
Preferred to go somewhere else	6	13
Parent had no preference	+	2
Unweighted bases	*480*	*442*

Parents who were not given a choice of setting were asked hypothetically whether, if they had been given a choice, they would have gone elsewhere for the free place. The majority (80 per cent) said that they would have chosen the allocated setting regardless. Thirteen per cent said they would have gone elsewhere, and seven per cent were unsure, or did not have a preference. Families in local authority areas with narrow eligibility criteria and those in areas with broader geographic and economic criteria were equally likely to be allocated what would have been their first choice.

3.5.2 Choice of days

In 61 per cent of cases, parents who were allocated a place could choose which days of the week their child attended, whilst in 39 per cent of cases, it was the setting who decided when the child would receive the free sessions.

3.6 Reasons for take-up

This section looks at the survey results on parents' perceptions of the benefits to taking up the pilot, and their worries or concerns, prior to the pilot starting. We then look at how these perceptions are associated with family socio-demographic characteristics. (For findings on the self-reported impacts, see Chapter 9).

3.6.1 Advantages

Parents were asked to think back to before their child started the pilot and to explain how they thought the pilot might be advantageous for their child (Table 3.15). Seventy-nine per cent of parents thought that the pilot would provide their child with an opportunity to meet and engage with other children, while 43 per cent thought that their child would be more independent and confident around adults as a result of accessing the free place. Parents also identified educational advantages, such as offering an opportunity to learn new things (46 per cent). The pilot was also regarded as having benefits for parents themselves, such as time to do other things and/or to take a break (both 39 per cent). The pilot was not specifically intended to provide an opportunity for parents to work, and indeed the findings below suggest that it only served this purpose in a very small proportion of cases (two per cent).

Table 3.15 Parents' perceptions of why the pilot would be advantageous before starting the pilot

Base: All pilot families

	%
Child will be able to mix with other children	79
Child will learn new things	46
Child will be more independent / confident / get used to other adults	43
More time for me to do other things	39
Will give me a break	39
Child's speech and / or English language will improve	29
Child will enjoy it	24
Will help child in the future / at school	20
Child will learn to concentrate better	11
I can work	2
Childcare setting provides discipline / will make child better behaved	1
Affordable	1
Help with everyday activities / routine	1
Childcare setting will have better toys / equipment	+
Will make time child and I spend together more valuable / appreciated	+
Other	3
No good things	+
Unweighted base	*1387*

We now look at differences in perceived advantages by various socio-demographic characteristics. Only advantages where there were significant differences amongst groups are reported.

Advantage: Child will be able to mix with other children

Twenty-eight per cent of families had used formal childcare or a combination of informal and formal childcare prior to taking up the pilot[47]. Parents who had not previously used formal childcare were more likely to mention the social advantages of the pilot than parents who had used formal childcare before (81 per cent compared with 75 per cent). This may be because parents whose children had already used formal childcare had experienced the advantages childcare and early education can provide to their child's social development, and felt that the pilot would not necessarily provide something additional.

Asian families were less likely than other ethnic groups to see the pilot as an opportunity for their child to mix with other children (69 per cent compared with 81 per cent of White parents and 79 per cent Black parents).

[47] Thirty-five per cent of families used no childcare the year before taking up the free place, 37 per cent had used informal carers only, 17 per cent had used formal and informal childcare, and 11 per cent had used formal childcare only.

Advantage: Child will learn new things

Lower income families were more likely to regard the pilot as offering their child an opportunity to learn new things (53 per cent of families with a household income under £10,000 compared with 42 per cent of families with a household income of £30,000 or more).

Asian families were more likely than White and Black groups to see the pilot as giving their child an opportunity to learn new things (with the respective figures being 64 per cent, 44 per cent and 49 per cent).

Advantage: Pilot will give parent a break

Working status was associated with whether parents felt the pilot would give them a break. Working couple parents were less likely to feel that the pilot would give them a break than non-working or single-earner couple families (28 per cent compared with 38 per cent and 42 per cent respectively). Similarly, working lone parents were less likely to feel that the free place would give them a break than non-working lone parents (34 per cent compared with 46 per cent). These findings may indicate that working parents tended to be working while their child attended the setting, and therefore the place did not mean free time for them as it did for some non-working parents.

Lower income families were more likely to regard the pilot as an opportunity for them to take a break (43 per cent of families with an income of under £10,000) compared with families receiving the highest incomes (22 per cent of families with an income of £30,000 or more). This is likely to reflect the fact that lower income families are less likely to have been in work.

White families were more likely to see the pilot as providing an opportunity to take a break compared with Black, Asian and other groups such as Chinese or mixed race (42 per cent, compared with 35 per cent, and 30 per cent respectively).

Advantage: Child's speech and/ or English language will improve

Single-earner and workless households were more likely than dual-earning families to cite the potential advantage of improving their child's speech and/ or English language (34 and 35 per cent compared with 25 per cent). This may be related to the greater likelihood that non-working couples and lone parents spoke English as a second language[48].

Parents who had not used formal childcare prior to the pilot were also more likely to see the pilot as an opportunity for their child's English language to improve (31 per cent compared with 24 per cent of families who had already used formal childcare).

Asian families were more likely to see the pilot as an opportunity to improve their child's English than other ethnic groups (52 per cent, compared with 24 per cent of White parents and 43 per cent of Black parents).

Advantage: Child will enjoy it

Parents who had not previously used formal childcare were more likely to report that their child would enjoy the free place (27 per cent) compared with those who had previously used formal childcare (18 per cent). Again, this may relate to the enjoyment their child had already shown in formal childcare.

[48] Fourteen per cent of dual-earning couple families spoke English as a second language, compared with 21 per cent of non-working couple families. Four per cent of lone parents in work spoke English as a second language compared with 11 per cent of non-working lone parents.

Advantage: The pilot will help the child in the future/ at school

Parents whose children had SEN or a disability were less likely to think that the place would help their child in the future or at school than parents whose child did not have SEN or a disability (15 per cent compared with 21 per cent).

3.6.2 Worries/ concerns

Parents were also asked to think back to before their child started the pilot and identify any worries or concerns they might have had about taking up the free place at that time. Approximately half the parents (53 per cent) said they had not had any worries about their child taking part in the pilot. Where parents did report having some concerns, the most frequently reported were that their child would be unhappy or that they would miss their child (21 per cent and 20 per cent respectively, see Table 3.16).

Table 3.16 Parents' worries or concerns prior to the child starting the free place

Base: All pilot families

	%
Child would be unhappy	21
Child being away from me missing child	20
Child too young	7
Child would be less safe (bullying / child protection / inadequate supervision)	6
Child would learn bad habits / behaviour	5
Child would have less individual attention	3
Child would catch illnesses	3
Sessions not long enough	1
Sessions at an inconvenient time	1
Transport difficulties	1
Child has language difficulties	1
Child has bad behaviour	1
Child has an illness / disability	1
Cost	1
Child would grow too independent / detached from me	1
Other	2
No worries / difficulties	53
Unweighted base	*1387*

There were no differences in the worries or concerns reported by working and non-working families, families earning different incomes, or amongst families who had or had not used formal childcare or early years education when their child was aged one to two.

Parents of children with SEN or a disability were more likely to have worried that attending the pilot would put their child at some kind of safety risk compared with parents whose children did not have SEN or a disability (nine per cent compared with five per cent). This could include worries about their child being bullied, not being protected, or being under inadequate supervision, etc.

3.7 An in-depth exploration of factors shaping the decision to take up the pilot place

Families selected for the pilot were considerably more disadvantaged than the general population of families with two year olds (as discussed in Chapter 2), though there were families who received a place on the pilot even though there was no apparent disadvantage (eight per cent of cases). Parents in the qualitative study similarly reflected the different 'levels' of disadvantage found in the survey. At one end of the spectrum, there were families who faced multiple disadvantage and seemed to be 'at risk', but at the other end, there were a few families who did not seem to be very disadvantaged, as the following examples illustrate (individual's names have been changed).

Family A
Jyoti is 29 years old and is separated from her husband. She has three children who are close in age, and her only family is her sister. At the time of the pilot, Jyoti was studying part-time and living on Income Support and other benefits. Jyoti has never worked and English is not her first language. Jyoti's older children were already at the pilot setting when she was approached about the pilot for her youngest child. Jyoti felt that her children had behavioural problems and speech problems and she was struggling to cope with them.

Family B
Hayley and Jack are married with two children, and have an income of over £10,000 p.a. Jack works full-time, and Hayley has recently returned to work part-time after taking maternity leave. Prior to the pilot, Hayley's mother looked after their children when they were at work, and they did not consider using formal childcare because informal care was cheaper and easier. The couple said they have no awareness of why they were targeted and think that everyone who is registered with Sure Start was sent a letter about the free places.

Family C
Lucy has two children and lives with her new partner. Lucy was suffering from maternal depression and her health visitor told her about the pilot and applied for a place for Lucy's child. Lucy thought that suffering from maternal depression was one of the categories that earned someone a place on the pilot. Lucy was going through a difficult time and wanted to have the childcare place to have a break from her son.

In the qualitative interviews, we found that the nature of disadvantage the family was experiencing related to the reasons for taking up the place, as well as the perceived impact of the pilot (discussed further in Chapter 9).

In line with what was found in the survey, parents interviewed in the qualitative study mentioned the educational benefits of early years education as a predominant reason for taking up the place:

"*He's going there to learn, to learn… and he's growing up he needs to grow up in wisdom, you know, so, and it's very helpful, yeah*".

Some of the skills parents thought their child might develop included drawing, speaking, writing, and sharing. For families with low levels of disadvantage, this was typically the main or only reason for taking up the place, while for more disadvantaged families other reasons were as important if not more important, and in some cases led parents to participate in the pilot despite initial reservations about accessing early years education at what they considered a rather young age.

A factor influencing the decision of parents of children with SEN or a disability was that they hoped the setting would provide additional and/or professional support to deal with their child's problems, and hoped that the pilot would develop their child's abilities and "*bring them up*".

Some parents were concerned about their own parenting abilities and skills, and the possible consequences on their child's behaviour. For example, a lone mother suffering from depression, whose child was aware that their mother was going through a difficult time, hoped that accessing the pilot for her child would give her time to develop and work on herself. Some of these parents thought the pilot could help their child's behavioural development by providing structure and boundaries, or through the additional or professional support offered to parents:

"*I was pleased in a way, obviously, because, well, he was already there but they said, look, we can allocate so much to the, to the nursery so they're looking after him, and obviously with his behavioural problems I, I felt better that I knew someone was there and knew what, what was going on"*.

Aside from advantages for the child, parents also described how the pilot provided a great source of relief for themselves. For some parents, it was *"nice"* to have the free time, and to be given a few hours to take a break from their children:

"*Sometimes you need some, you know, a bit of time by yourself without the kids, so I think it was a good idea*".

However, for other parents, the offer of the pilot place made a considerable difference as it was seen as providing much needed respite care. This included families struggling to cope because of exceptional or additional caring responsibilities, such as caring for a terminally ill father, or caring for a large young family. These problems could be compounded by a lack of or very limited support from extended family, i.e. either family members were not living nearby or were not available to provide support (in the example below, individual's names have been changed).

Michael and Dawn, a couple with two children heard of the place through word-of-mouth and were encouraged to apply by a setting manager whom Dawn had a chance meeting with at a supermarket. Prior to the pilot Michael had had a stroke and could no longer take on care responsibilities. Dawn had an accident at work and was later diagnosed with fibromyalgia and chronic pain. Dawn was feeling as though she could no longer cope with her family's circumstances. Dawn thought it was "fantastic" to be offered the place. She expected to get a free place when the child was 3 years old, and thought she would have to "*….drag it out until then….tearing my hair out!*".

When parents in these difficult circumstances could not rely on informal help provided by families and friends, the pilot place, particularly when it was combined with parenting advice and support from the setting, appeared to provide parents with much needed relief. The need for respite care seemed to make some parents overcome their initial reservations about using early years education so early:

"*I thought she was too, too young to go but I did need some time, you know, just sort of, put my head down even for an hour because it's 24 hours a day, every day on your own, and it's very difficult but that little time, I felt I needed a bit of a break…*" .

3.8 Summary

Local authorities selected parents for the pilot using a range of eligibility criteria, the most common being living in a target area (33 per cent), being a low income family (19 per cent) and being a lone parent (15 per cent). Comparisons of the degree of overlap between local authorities' eligibility criteria and parents' knowledge of why they had been offered the place was generally poor, suggesting that local authorities were not placing a great emphasis on publishing the pilot eligibility criteria.

Parents heard about the free place from a range of sources, but were most likely to have received information from a professional or an early years setting. This is in contrast with how parents typically obtain information on early years education (mainly through word-of-mouth) and seems to reflect the emphasis on outreach and marketing that was a key feature of the pilot.

The majority of parents (76 per cent) were required to fill out an application form for the pilot, and most parents said that help was available with this (70 per cent). Both the survey results and qualitative findings show that the level of support parents received was related to their circumstances and how likely they were to need help.

More than two-thirds of parents (68 per cent) were given a choice of setting, and the majority of these families were given their first choice of setting (89 per cent). In cases where parents were not given a choice, the majority (80 per cent) said they would have chosen the allocated setting anyway.

Parents' reasons for taking up the pilot varied, and a range of social and educational advantages for their child were identified. Social advantages included the opportunity for their child to mix with other children (79 per cent) and to become more confident and independent with adults (43 per cent). Perceived educational advantages included the opportunity to learn new things (46 per cent) and for their child's speech and/or English language to improve (29 per cent). Parents also identified the pilot as implying a personal advantage for them, such as offering them a break or time to do other things (both 39 per cent), but as anticipated (given that the pilot focused on the child rather than welfare to work) only a very small proportion saw the pilot as offering them an opportunity to work (two per cent). The qualitative findings show that for parents with a relatively low level of disadvantage, their child's development was the main or even only reason for taking up the pilot place. However, for parents with a high level of need (e.g. because of heavy caring responsibilities, mental health problems, child's behavioural problems), other influences, such as the need for respite care or parenting support also played an important role in their decision to take up the pilot.

4 PARENTS WHO DID NOT COMPLETE THE PILOT

4.1 Introduction

The local authorities often made great efforts to target eligible families and provide them with a pilot place. However, outreach did not always end once the families had accepted or started attending the place. Local authorities participating in the mapping study (see section 1.4) emphasised the importance of providing ongoing support in order to ensure that children continued to attend their pilot settings. Local authorities felt that if this support was not provided, some families might drop out of the pilot[49]. This chapter considers the extent to which 'drop out' was a problem, focusing on families who stopped participating in the pilot early. We look at the length of time for which they attended and the nature of the support they received or had available[50].

4.2 Level of completion

4.2.1 Overall pilot completion rates

Ninety per cent of families attended all the pilot sessions and only ten per cent of families stopped attending the sessions early. So 'drop out' was a problem in a small proportion of cases.

4.2.2 Length of attendance

Table 4.1 shows that 31 per cent of families stopped participating in the pilot within the first two months, and 27 per cent of families stopped within the first three to five months. Given that this is quite a short length of time, it is possible that these children did not attend the sessions for a long enough period of time to gain the potential social and educational advantages of the pilot (see section 1.1 for information on the nature of the pilot).

Table 4.1 Number of months attended prior to leaving

Base: All pilot families who left the pilot early	
	%
0 - 2 months	31
3 - 5 months	27
6 - 8 months	31
9 months or more	11
Unweighted base	*113*

We can see in Table 4.2 that couple families were more likely to complete the pilot than lone parents.

[49] Kazimirski et al. (2008a).

[50] No survey weights have been applied within this chapter so only unweighted bases are presented.

Table 4.2 Completion of the pilot, by family type

Base: All pilot families

	Couple family %	Lone parent %
Completed the pilot	92	87
Stopped early	8	13
Unweighted bases	*699*	*409*

Families in work were more likely than non-working families to complete the pilot. For instance, Table 4.3 shows that working couple families were more likely than non-working couple families to complete the pilot (95 per cent compared with 85 per cent). Similarly, working lone parents were more likely to complete the pilot than non-working lone parents (93 per cent compared with 85 per cent). These findings may indicate a greater need for formal childcare amongst working families, and as such the pilot sessions may have been completed in full in place of using another childcare provider.

Table 4.3 Completion of the pilot, by household work status

Base: All pilot families

	Couple: both in work %	Couple: one in work %	Couple: neither in work %	Lone parent: in work %	Lone parent: not in work %
Completed the pilot	95	92	85	93	85
Stopped early	5	8	15	7	15
Unweighted bases	*247*	*294*	*158*	*87*	*322*

Turning to household income, families with higher incomes were more likely to complete all pilot sessions while families with lower incomes were more likely to leave the pilot early (for instance, 97 per cent of families in the highest income bracket completed the pilot compared with 84 per cent of families in the lowest income bracket, see Table 4.4). This might reflect the greater likelihood of higher income families to be working and *in need* of formal childcare.

Table 4.4 Completion of the pilot, by household income

Base: All pilot families

	£9,999 or less %	£10,000 - £19,999 %	£20,000 - £29,999 %	£30,000 or more %
Completed the pilot	84	91	92	97
Stopped early	16	9	8	3
Unweighted bases	*316*	*409*	*203*	*115*

Table 4.5 shows that children with SEN or a disability were more likely to drop out of the pilot compared with their counterparts without SEN or a disability (17 per cent of families whose child had SEN or a disability stopped the pilot early, compared with nine per cent of families whose child did not). This may be related to findings reported in Chapter 6, where parents of children with SEN or a disability were more likely to feel that their concerns with the pilot had not been resolved.

Table 4.5 Completion of the pilot, by whether the child has SEN or a disability

Base: All pilot families

	No SEN/ disability %	SEN/ disability %
Completed the pilot	91	83
Stopped early	9	17
Unweighted bases	*929*	*179*

There were no differences in the likelihood of completion between families targeted on the basis of broad geographic or economic, or family-specific indicators of disadvantage; families who spoke English as a first or additional language; or children from different ethnic backgrounds.

From this analysis it would seem that those most likely to withdraw from the pilot were lone parents, non-working parents, lower income families, and children with SEN or a disability. This is a matter of concern, because these all represent disadvantaged groups that were the target for the pilot.

4.2.3 Reasons the family left the pilot early

While only a small proportion of families left the pilot early, it is interesting to look at the reasons they chose to do so. Table 4.6 suggests that in many instances this was out of concern for their child's well being. For example, of the families who stopped participating in the pilot early, 36 per cent did so because their child was unhappy, and 22 per cent stopped because they felt the provider was not very good quality. Other families stopped participating in the pilot for practical reasons, such as a change in family or work circumstances (16 per cent), because the provider closed down (nine per cent), or because the provider was too difficult to get to (eight per cent). Very few families stopped early because they preferred to

look after their child at home (four per cent) or because attending the pilot was too difficult to combine with work or other childcare/ school (both two per cent).

Comparisons by socio-demographic group are not reported because the base for these subgroups was too small.

Table 4.6 Reasons the child left the pilot early

Base: All pilot families who left the pilot early

	%
Child was unhappy	36
Provider was not very good quality	22
Change in family / work circumstances meant child had to stop early	16
Provider closed down	9
Provider was too difficult to get to	8
Family moved early to another setting / a nursery school	5
Parent wanted to look after child at home	4
Sessions were at inconvenient times / days	3
Child started to learn bad habits / behaviour	3
Parent struggled to get organised e.g. leave the house on time	2
Parent struggled to combine the free childcare with work	2
Parent struggled to combine the free childcare with other childcare / school	2
Sessions were not long enough	1
Parent missed their child	0
Other	19
Unweighted base	*114*

4.3 Provision of support

This section identifies which people the family spoke to (if any) prior to leaving the pilot. If the family had not spoken to anyone, respondents were asked whom they felt they could have spoken to.

4.3.1 People parents spoke to before leaving the pilot

Families typically spoke to someone working at the pilot setting about the issues that led them to leave the pilot early (Table 4.7). In 35 per cent of cases this was the setting manager, and in 34 per cent it was other staff working at the setting. However, approximately one-third of families (32 per cent) did not speak to anyone about their concerns.

Table 4.7 People families spoke to before leaving the pilot

Base: All pilot families who left the pilot early

	%
Childcare / nursery setting manager	35
Other staff working at the childcare / nursery setting	34
Health visitor	11
Someone from the local authority / council	4
Family support worker	4
Speech and Language therapist / SEN Co-ordinator	3
Social worker	3
Other parents / family / friends	2
GP	1
Children's / Family Information Service (CIS / CFIS)	0
Other	2
Didn't talk to anyone	32
Unweighted base	*114*

4.3.2 People families could have spoken to before leaving the pilot

Families who did not speak to anyone prior to leaving the pilot were asked whether someone was available to speak to about the issues that led to them leaving the pilot early, and whether they had wanted to speak to someone. Table 4.8 shows that 44 per cent of families said there was no-one to speak to, which suggests that, for a small number of parents, ongoing support was not available through the pilot. Where someone would have been available, this was most likely to be staff or management at the nursery setting (38 per cent and 35 per cent respectively).

Table 4.8 People families could have spoken to before leaving the pilot

Base: All pilot families who did not speak to someone prior to leaving early

	%
No-one to talk to	[44]
Other staff working at the childcare / nursery setting	[38]
Childcare / nursery setting manager	[35]
Health visitor	[9]
Children's / Family Information Service (CIS / CFIS)	[3]
Someone from the local authority / council	[0]
Family support worker	[0]
Speech and Language therapist / SEN Co-ordinator	[0]
Social worker	[0]
Other parents / family / friends	[0]
GP	[0]
Other	[0]
Unweighted base	*[34]*

4.4 Summary

This chapter looked at the proportion of families that took up their full entitlement to a free place, and those that stopped the sessions early.

The majority of families (90 per cent) received all their free hours - continuing attending the pilot place for all 38 weeks. However, ‘drop out’ was a problem in ten per cent of cases.

In the small number of instances that families did stop early, approximately one-third (31 per cent) dropped out within the first two months of attending the pilot.

Families most likely to drop out of the pilot were non-working (both couples and lone parents), low income families, and families including children with SEN or a disability. This is a matter of concern, because these are predominantly the kinds of disadvantage that were seen as priority targets for the pilot.

The reasons families typically stopped participating in the pilot early was concern for their child’s well being. This included concerns that their child was unhappy (36 per cent) and that the provider was not good quality (22 per cent). In some instances, practical reasons such as changes in family or work circumstance (16 per cent) or the provider closing down (nine per cent) also resulted in the family leaving the pilot early.

Prior to leaving the pilot, some parents spoke to the setting manager or other staff working at the setting about their concerns (35 per cent and 34 per cent respectively). However, 32 per cent of parents did not speak to anyone.

5 PATTERNS OF USING THE FREE PLACE

5.1 Introduction

Research suggests that the number of hours spent in early years education has a strong influence on child outcomes. For instance, whilst high quality early education can lead to positive outcomes for children, attendance for too many hours has been found to have a negative influence on behaviour (e.g. Mathers and Sylva 2007 found that when compared with children who attended for less than 15 hours per week, children who attended for 30 hours or more each week were significantly more anti-social). As such, this chapter focuses on patterns of using the free place, focusing largely on families who completed the pilot, or stopped early but attended for at least three months. The chapter looks at the time spent at the setting, including the number of hours and sessions used. We also look at some parents' use of sessions during term time in addition to the free hours provided by the pilot, and the cost of these. Finally, we look at the proportion of children that attended the pilot setting during the holidays, and the cost of this provision. The chapter starts by exploring briefly how many and which families used the pilot setting before the pilot scheme was launched[51].

5.2 Use of early years education or childcare prior to the pilot

Early on in the pilot programme there was an eligibility criterion specifying that families taking up a free place should not previously have used formal childcare, but this was later relaxed and we found that a number of families were using the pilot setting before the programme was launched. In this section we look at the profile of families who had been using the pilot setting prior to the introduction of the pilot scheme and for how long they had been using it.

Twenty-five per cent of pilot children had attended the pilot setting prior to starting the free place. The mapping study suggests that this may be because some families were provided with a few hours of childcare by voluntary organisations or social services in order to offer parents respite. In these instances the pilot place may have represented a greater number of hours or longer-term support, thereby providing an additional benefit for families.

Previous attendance at the pilot setting was more common for children living in local authorities that adopted broad geographic or economic recruitment indicators (29 per cent) compared with local authorities that adopted family-specific indicators (21 per cent).

Working households were more likely than non-working households to have used the setting prior to pilot (see Table 5.1). Looking within couple families, dual-earner families were more likely than non-working and single-earner families to have used the setting before (40 per cent compared with 17 per cent each). Similarly in lone parent households, working lone parents were more likely than non-working lone parents to have used the setting prior to being offered a free place (38 per cent compared with 21 per cent). These findings suggest that the pilot may have replaced existing formal childcare (or topped it up) for some working families rather than providing a completely additional benefit.

[51] No survey weights have been applied within this chapter so only unweighted bases are presented.

Table 5.1 Attendance at the setting prior to the pilot, by household work status

Base: All pilot families

	Couple: both parents in work	Couple: one parent in work	Couple: neither parent in work	Lone parent: in work	Lone parent: not in work
	%	%	%	%	%
Attended setting prior to the pilot	40	17	17	38	21
Did not attend setting prior to the pilot	60	83	83	62	79
Unweighted bases	*282*	*350*	*187*	*117*	*451*

As can be seen in Table 5.2, attendance at the setting prior to the pilot was also related to income. Higher income families were more likely than lower income families to have used their pilot setting prior to being offered the free place (38 per cent for those with an income of £30,000 or more compared with 20 per cent for those with an income under £10,000).

Table 5.2 Attendance at the setting prior to the pilot, by household income

Base: All pilot families

	£9,999 or less	£10,000 - £19,999	£20,000 - £29,999	£30,000 or more
	%	%	%	%
Attended setting prior to free place	20	24	25	38
Did not attend setting prior to free place	80	76	75	62
Unweighted bases	*427*	*516*	*234*	*128*

Lastly, there were no clear differences in the likelihood that families from different ethnic backgrounds had used the setting prior to the pilot. Whilst similarly, children with and without SEN or a disability were equally likely to have used the setting prior to the pilot; this suggests that the pilot only rarely replaced respite care for these families.

The median length of time children attended the setting prior to the pilot was seven months. From Table 5.3 below, it can be seen that 41 per cent of families used the setting for approximately one term prior to the pilot starting (one to four months), but 29 per cent of families used the setting for more than a year before starting the place.

Table 5.3 Length of time attended the setting prior to the pilot	
Base: All pilot families who attended the setting prior to the pilot	
	%
1 to 4 months	41
5 to 8 months	20
9 to 12 Months	10
13 to 16 months	11
17 to 20 months	8
21 to 24 months	7
25 to 28 months	3
Unweighted base	*337*

5.3 Hours provided by the pilot

As discussed in section 1.4, local authorities were most likely to offer 7.5 free hours a week, split into three sessions of 2.5 hours each. However some local authorities offered families flexibility to split the hours over fewer days, and some offered more than 7.5 free hours. In this section we therefore look at how many free hours and sessions were used per week and how many hours, if any, were purchased on top of the free hours.

5.3.1 Hours used at the setting

Table 5.4 shows the total number of hours children spent at the setting each week. It highlights that approximately half the parents (52 per cent) used the 'typical' 7.5 hours per week, but that a substantial proportion of parents (40 per cent) used more than 7.5 hours per week.

Table 5.4 Total number of hours used at the setting each week	
Base: All pilot families who used the pilot setting for three months or longer	
	%
Less than 7.5 hours	8
7.5 hours	52
7.6 to 15.4 hours	27
15.5 to 30.4 hours	10
30.5 to 50 hours	3
Unweighted base	*1078*

The majority of families (82 per cent) used the setting for *just* the free hours. To see how the free hours were organised, we looked at the number of sessions children attended at the pilot setting, and the average length of each session[52]. Table 5.5 shows that 61 per cent of children attended the pilot setting for three sessions a week. However, 22 per cent went to the pilot setting for four sessions or more per week, and 17 per cent used fewer than the typical number of allocated sessions.

[52] The questionnaire only asked how the *total time* at the setting was split into sessions rather than the free hours specifically, because where parents receive more than the free hours they are usually unable to identify which of the hours they receive are free and which they pay for. However, because most families *only* received the free hours we can use this measure as an indication of how the free hours were received in terms of sessions and hours.

Table 5.5 Number of sessions used at the setting each week

Base: All pilot families who used the pilot setting for three months or longer

	%
One session	2
Two sessions	15
Three sessions	61
Four sessions	6
Five sessions	16
Six sessions	+
Seven sessions	+
Unweighted base	*1000*

Table 5.6 shows that, on average, families accessing a pilot place for two or three sessions per week were receiving approximately 7.5 hours per week (8 hours for families using two sessions - two sessions each of 4 hours - and 7.5 hours for families using three sessions - three sessions each of 2.5 hours). Families using the pilot setting for more sessions, generally used a greater number hours (10 hours for families using four sessions and 12.5 hours for families using five sessions).

Table 5.6 Time per session

Base: All pilot families who used the pilot setting for three months or longer

	Median Hours	*Unweighted bases*
Once a week	[6.5]	*23*
Twice a week	4	*132*
Three times a week	2.5	*600*
Four times a week	2.5	*52*
Five times a week	2.5	*155*

Eighteen per cent of families paid for additional hours of childcare or early years education at the pilot setting. These parents paid for a median of 7.75 additional hours per week (Table 5.7).

Table 5.7 Total number of extra hours paid for at pilot setting

Base: All pilot families who paid for extra hours and used the setting for three months or longer

	%
0 to 5 hours	39
More than 5 up to 10 hours	20
More than 10 up to 15 hours	15
More than 15 up to 20 hours	7
More than 20 up to 25 hours	6
More than 25 up to 30 hours	3
More than 30 up to 35 hours	5
More than 35 up to 45 hours	5
Median number of hours	7.75
Unweighted base	*174*

5.3.2 Changes in the number of hours used over the course of the pilot

Looking at whether families changed the number of hours they used over the course of the pilot, most families (75 per cent) did not change the number of hours they used. Parents who did change their hours typically increased the number of hours (20 per cent), though a very small proportion (four per cent) decreased them.

Table 5.8 shows that the reasons families were most likely to increase their hours was because they needed to go to work (30 per cent). In Chapter 3 we noted that families saw a distinct social advantage to their child taking part in the pilot, and as can be seen in Table 5.8 below, 24 per cent of families increased their hours so that their child could interact more with other children. A fifth of families also used more hours because the setting offered them extra hours (20 per cent).

Table 5.8 Reasons families increased the number of hours used over the course of the pilot

Base: All pilot families who increased their hours of attendance at the setting over the course of the pilot and used the pilot setting for three months or longer

	%
Parent or their partner wanted / needed to go to work	30
So the child could spend more time with other children	24
Setting offered extra hours	20
So the child would learn more	14
Parent or partner wanted / needed more time to do other things	10
Parent or partner wanted / needed to study	7
The child enjoyed going to the pilot setting	5
Other reasons	9
Unweighted base	*213*

Of the small proportion of families who reduced their hours between the start and end of the pilot, 71 per cent had originally been using more than 7.5 hours. Looking at Table 5.9, it is not surprising to find that these families typically reduced their hours because of the cost of the extra sessions (23 per cent). Parents also commonly identified changes in their work circumstances as being a factor in their child attending for less time (19 per cent).

Table 5.9 Reasons families reduced the number of hours used over the course of the pilot

Base: All pilot families who reduced their hours of attendance at the pilot setting over the course of the pilot and used the pilot setting for three months or longer

	%
Parent could not afford the extra sessions	[23]
Change in parents' work circumstances	[19]
Parent did not need to be away from child for so long	[11]
Parent had transport difficulties getting to the pilot	[11]
Child was unhappy	[9]
Child got too tired	[4]
Parent missed child	[4]
Other reason	[28]
Unweighted base	*[47]*

5.3.3 Fees paid to the setting

In this section we look first at whether parents paid the setting any fees, and then at any supplementary costs, such as for refreshments and meals. Table 5.10 shows that 17 per cent of families paid a fee to the setting so that their child could attend for additional hours. The median weekly fee paid for extra hours was £24.70.

Table 5.10 Weekly fee paid to the setting

Base: All pilot families who paid extra for childcare or early education fees and used the pilot setting for three months or longer

	%
£1 to £25	52
£26 to £50	20
£51 to £75	9
£76 to £100	6
£101 to £125	5
£126 to £150	7
£151 to £175	1
Median weekly fee paid to the setting	£24.70
Unweighted base	*174*

If we compare whether different types of families were more likely to pay fees to the setting, we predictably see that working families (both lone and partnered) were more likely than their non-working counterparts to pay fees to the setting (see Table 5.11). This is likely to be due to the fact that working parents were more likely to use additional hours.

Table 5.11 Whether costs paid, by household work status

All pilot families who used the pilot setting for three months or longer

	Couple: both in work %	Couple: one in work %	Couple: neither in work %	Lone parent: in work %	Lone parent: not in work %
Fees paid	30	14	5	43	8
No fees paid	70	86	95	57	92
Unweighted bases	*247*	*294*	*158*	*87*	*322*

The figures in Table 5.12 show that higher income families were more likely than lower income families to pay for childcare and early education fees (e.g. only nine per cent of families earning less than £10,000 paid fees compared with 40 per cent of those earning £30,000 or more). Again these results are likely to reflect the fact that higher income families were more likely to use additional hours.

Table 5.12 Whether costs paid, by household income

All pilot families who used the pilot setting for three months or longer

	£9,999 or less %	£10,000 - £19,999 %	£20,000 - £29,999 %	£30,000 or more %
Fees paid	9	15	22	40
No fees paid	91	85	78	60
Unweighted bases	*316*	*409*	*203*	*115*

In addition we can see in Table 5.13 that there were differences in the likelihood that families paid for childcare and early education fees by ethnicity, with Asian families being the least likely to pay (seven per cent) and families of mixed race being the most likely to pay (30 per cent).

Table 5.13 Whether costs paid, by ethnicity

All pilot families who used the pilot setting for three months or longer

	White %	Asian %	Black %	Mixed %
Fees paid	17	7	20	30
No fees paid	83	93	80	70
Unweighted bases	*869*	*122*	*50*	*61*

We now look at whether parents were required to pay any supplementary costs to the setting. The majority of parents (78 per cent) were not required to pay supplementary costs to the setting (Table 5.14). However, where parents did incur these costs, they were usually for refreshments and meals, which cost a median amount of £3.00.

Table 5.14 Supplementary costs during the school term

Base: All pilot families who used the pilot setting for three months or longer

	%
Refreshments / meals	17
Use of equipment	1
Travel costs	1
Trips / outings	4
Other	3
No money paid	78
Unweighted base	*1080*

5.4 Satisfaction with the number of hours

Fifty-eight per cent of families were satisfied with the number of hours their child spent at the setting. However, a substantial proportion (40 per cent), would have liked their child to attend the setting for more hours each week. In only a very small proportion of cases would parents have liked their child to attend for fewer hours (two per cent).

Of the families who wanted more hours, approximately half expressed a preference for more sessions each week (53 per cent), while 30 per cent wanted the sessions already used to be longer. Eighteen per cent of families would have liked both more and longer sessions. Table 5.15 shows that the most common reason why families did not use additional hours (even though they would have liked them) was cost. This suggests that while many families seemed eager to increase their use of the setting, one of the key stumbling blocks was affordability. In addition to this difficulty, a substantial minority of families raised practical problems with using more hours, specifically that there were no spaces available for their child or that more hours were not offered at that setting (both 13 per cent).

Table 5.15 Reasons child did not go for more hours each week

Base: All pilot families who wanted more hours each week and used the pilot setting for three months or longer

	%
Would have cost too much	69
Childcare provider too busy / full	13
Was not offered more time	13
Childcare provider only offered times parent could not do	5
Childcare provider too far away / difficult to get to	1
Other	4
Unweighted base	*426*

We now look at whether there are any differences in satisfaction with the number of hours amongst families with different socio-demographic profiles. Firstly, working families (both partnered and lone) were more likely to be satisfied with the number of hours than their non-working counterparts, who were more likely to have wanted more hours (Table 5.16). This may be because working parents were using longer hours at the setting already (with non-working parents not doing so due to a lower ability to pay).

Table 5.16 Satisfaction with the number of hours, by household work status

Base: All pilot families who used the pilot setting for three months or longer

	Couple: both in work %	Couple: one in work %	Couple: neither in work %	Lone parent: in work %	Lone parent: not in work %
The same amount of time	65	57	49	69	56
More time each week	32	42	50	28	42
Less time each week	3	1	1	3	2
Unweighted bases	*241*	*290*	*149*	*86*	*304*

Table 5.17 shows that household income was also related to satisfaction with hours. Lower income families were less satisfied with the hours available than higher income families, perhaps because they were less able to pay for extra hours.

Table 5.17 Satisfaction with the number of hours, by household income

Base: All pilot families who used the pilot setting for three months or longer

	£9,999 or less %	£10,000 - £19,999 %	£20,000 - £29,999 %	£30,000 or more %
The same amount of time	50	58	65	61
More time each week	49	39	31	38
Less time each week	1	3	3	2
Unweighted bases	*295*	*400*	*197*	*114*

Furthermore, Table 5.18 highlights that families who spoke English only were more likely to be satisfied with the number of hours than families where the child's first language was not English. It is possible that parents of children who did not speak English as their first language wanted more hours because they thought it would benefit their child's English language development.

Table 5.18 Satisfaction with the number of hours, by language(s) spoken by child

Base: All pilot families who used the pilot setting for three months or longer

	Speaks English only %	Speaks English as first and main %	Speaks other language as first or main %
The same amount of time	61	49	40
More time each week	37	51	58
Less time each week	2	0	2
Unweighted bases	*888*	*81*	*101*

Finally we can see in Table 5.19 that families from different ethnic backgrounds demonstrated varying satisfaction with the number of hours their children received. The most satisfied were families from White and mixed backgrounds (61 per cent and 58 per cent respectively) and the least satisfied were Asian families who instead were more likely to desire a greater number of hours per week.

Table 5.19 Satisfaction with the number of hours, by ethnicity

Base: All pilot families who used the pilot setting for three months or longer

	White %	Asian %	Black %	Mixed %
The same amount of time	61	42	50	58
More time each week	37	58	50	39
Less time each week	2	1	0	3
Unweighted bases	*836*	*120*	*50*	*59*

5.5 Childcare during the school holidays[53]

As discussed in section 1.4, local authorities felt that continuity of the free places was important and that gaps in provision (including holidays) might mitigate the effects of the pilot. Some local authorities therefore decided to provide additional funding for children to attend the pilot setting during the holidays as well as during term-time. In this section we explore how many children attended the setting during the holidays, and the costs of this provision.

5.5.1 Attendance during the holidays

Sixty-nine per cent of families said their setting was open during the school holidays, while 31 per cent said that their provider was closed during that time. Families in local authorities who were targeted on the basis of family-specific indicators of disadvantage were more likely to say that the setting was open during the school holidays (73 per cent) than families selected on the basis of broad geographic or economic indicators of disadvantage (64 per cent).

Of the families whose setting was open during the holidays, 43 per cent used the setting during the school holidays, while 57 per cent did not. Families were most likely to use the setting during summer holidays (88 per cent, see Table 5.20). These are the longest school holidays in England, which may explain why families were most likely to use settings then.

[53] We looked at a range of reasons for gaps in attendance. However, only in two per cent of cases did children miss sessions for four or more weeks (excluding school or nursery holidays). Therefore, we report only on gaps in attendance related to school holidays.

Table 5.20 Holidays when the setting was used

Base: All pilot families who used the setting during the holidays and used the pilot setting for three months or longer

	%
Summer holidays	88
Easter holidays	61
Half terms	59
Christmas holidays	45
Unweighted base	*303*

If we compare the use of holiday settings for different types of families, starting with working and non-working families, Table 5.21 predictably shows that families in work were more likely to have used the setting during holidays than their non-working counterparts.

Table 5.21 Whether attended during school holidays, by household work status

Base: All pilot families whose setting was open during the holidays and used the pilot setting for three months or longer

	Couple: both in work %	Couple: one in work %	Couple: neither in work %	Lone parent: in work %	Lone parent: not in work %
Yes	59	31	32	63	36
No	41	69	68	37	64
Unweighted bases	*170*	*173*	*102*	*71*	*199*

Looking at the use of the pilot setting during the school holidays and household income, Table 5.22 shows that higher income families were more likely to have used the setting during the school holidays (e.g. 64 per cent of families earning £30,000 or more compared with 35 per cent of families earning £9,999 or less). This may be due to higher income families using the setting while they are at work.

Table 5.22 Whether attended during school holidays, by household income

Base: All pilot families whose setting was open during the holidays and used the pilot setting for three months or longer

	£9,999 or less %	£10,000 - £19,999 %	£20,000 - £29,999 %	£30,000 or more %
Yes	35	37	52	64
No	65	63	48	36
Unweighted bases	*199*	*266*	*135*	*77*

There were no differences in the likelihood that families from different ethnic backgrounds used the pilot setting during the holidays.

5.5.2 Costs during the holidays

Of the 43 per cent of families who used the pilot setting during school holidays, 68 per cent of families paid for the holiday care.

Costs of attending the setting during the holidays varied, with a median of £37 per week. Sixty per cent of parents were required to pay £50 or less per week, but a substantial minority (16 per cent) paid more than £100 per week (Table 5.23).

Table 5.23 Average cost of weekly fee paid during the holiday

Base: All pilot families who paid for holiday care and used the pilot setting for three months or longer

	%
£1 to £25	30
£26 to £50	30
£51 to £75	16
£76 to £100	9
£101 to £125	6
£126 to £150	7
£151 to £250	3
Median weekly fee paid during the holiday	£37.00
Unweighted base	*195*

5.6 Summary

This chapter focused on attendance at the pilot. Most families (82 per cent) attended the setting for just the free hours. The median amount of time spent at the setting each session was 2.5 hours, with the majority of families (61 per cent) attending for three sessions per week.

A large proportion of families (75 per cent) did not change the number of hours they used over the course of the pilot. Parents who did change their hours typically increased the number of hours their child spent at the setting (20 per cent). Children were most likely to spend extra hours at the setting because their parent(s) needed to go to work, or because they wanted their child to interact more with other children. The most common reasons why families had to decrease their hours were the cost of the extra sessions and changes in parents' work circumstances.

A substantial minority of parents (17 per cent) paid a fee to the setting so that their child could attend for additional hours. Fees were more likely to be paid by working and high income families, and least likely to be paid by Asian families. Twenty-two per cent of families were required to pay for supplementary costs, which were typically incurred for refreshments and meals. The median cost of refreshments and meals was £3.

In many cases (58 per cent), families were satisfied with the number of hours their child spent at the setting. However, a substantial proportion (40 per cent), would have liked their child to attend for more hours. These families did not use additional hours (even though they would have liked them) because of the cost involved (69 per cent), because there were no spaces available (13 per cent), or because more hours were not offered at that setting (13 per cent).

Sixty-nine per cent of families said their provider was open during the school holidays, and 43 per cent of these families actually used the provider during this time (particularly during the summer). Predictably, families in work and with higher incomes were more likely to use the setting during holidays than their non-working and lower income counterparts.

Sixty-eight per cent of families paid for holiday care provided at the pilot setting, while 32 per cent were not required to pay. Costs of attending the setting during the holidays varied, with a median amount of £37 per week. Sixty per cent of parents paid £50 or less per week, though 16 per cent paid more than £100 per week.

6 PARENTS' EXPERIENCES OF USING THE FREE PLACE

6.1 Introduction

In this chapter we focus on parents' experiences of participating in the pilot, since these may have a strong influence on their attitudes to continued use of early education, and potentially the impact on their children. As discussed in section 1.4, outreach did not always end once the families had accepted or started accessing a free place, and ongoing support had an important role to play in ensuring that families continued to use the pilot setting (see also see Kazimirski et al. (2008a) for further details on outreach). We now look at the survey results to consider the nature of the support parents received when they encountered any difficulties at the pilot setting, and their satisfaction with this support (focusing on families who completed the pilot, or stopped early but attended for at least three months). To complement this, we also examine the findings from qualitative interviews with parents on their views on the setting and towards staff. We also consider the verbal and written feedback parents received about how their child was getting on by looking at findings from both the survey and the qualitative interviews[54].

An additional aspect of parents' experiences of participating in the pilot is the extent to which they were made aware of other family services such as the provision of courses or training, parenting classes or help with job searches. As can be seen within the Children's Centre initiative, availability and signposting of other services can be an important route for disadvantaged families to engage with a variety of services that they otherwise might not access. Since a number of local authorities undertook outreach via their Children's Centres and offered pilot places within Children's Centres, this chapter also looks at how many pilot parents had used or been informed about additional services. This is particularly important given that a National Audit Office (NAO) (2006) report has shown that little progress has been made in alerting and attracting parents to additional services, while more recently, Thornton and Dalziel (2009) also noted that feedback from parents suggests they would like the centres to communicate more with them about the types of services that they offer.

Finally, the chapter explores parents' experiences of childcare during the 'transition' stage, that is, when their child turned three and became entitled to 12.5 hours of free early years education. The survey data is used to quantify the extent to which children made a transition between settings. Through the qualitative interviews we explored parents' experiences of this period and the reasons behind their choice of childcare at this stage.

6.2 Provision of help and support

In Chapter 3 we saw that before starting the pilot place a number of parents had worries or concerns about using early education for their child, e.g. that their child might be unhappy or get bullied. This section looks at the support parents received in instances where difficulties did arise. It begins by looking at the results from the survey to consider the use of support, parents' levels of satisfaction with support received, and availability of support. To complement these findings, the chapter then goes on to explore parents' views on staff at the setting, using information from the qualitative interviews, since the survey findings have shown that staff were a primary source of help and support for parents participating in the pilot.

[54] No survey weights have been applied within this chapter so only unweighted bases are presented.

6.2.1 Use of help and support

The majority of parents reported no worries or difficulties whilst participating in the pilot (70 per cent). Where they had experienced some worries or difficulties, most had received help or support from staff or other professionals (71 per cent). This is important because 17 per cent of parents reported that they had considered stopping using the free place because of their worries or difficulties (see Chapter 4 for information on the relatively small number of children that did stop using the free place and their reasons for doing so).

Parents with different socio-demographic profiles were equally likely to have spoken to someone about their worries or difficulties.

Table 6.1 shows which people were most likely to provide parents with help and support. Overwhelmingly, parents spoke to staff at the pilot setting about their worries or difficulties, with 55 per cent having spoken to the setting manager and 70 per cent having spoken to other members of staff. Eighteen per cent of parents spoke to their health visitor, which may reflect their prominent role in outreach for the pilot (see Chapter 3). Other people provided help or support to eight per cent or fewer parents.

Table 6.1 People parents spoke to about worries or difficulties

Base: All pilot families who spoke to someone about their worries or difficulties and used the pilot setting for three months or longer

	%
Staff working at the childcare / nursery setting (not including manager)	70
Childcare / nursery setting manager	55
Health visitor	18
Speech and language therapist	8
Family support worker	6
GP	4
Social worker	2
Someone at the LA	2
Children's / Family Information Service (CIS / CFIS)	1
Other	2
Unweighted base	*321*

6.2.2 Satisfaction with help and support

In 84 per cent of cases, the people parents spoke to were able to resolve all or some of their difficulties (in 64 per cent of cases all difficulties were resolved, and in 20 per cent of cases some difficulties were resolved). As such, satisfaction with the help and support parents received was high, but a small minority of parents felt that none of their problems had been resolved (16 per cent).

As can be seen in Table 6.2, parents of children with SEN, or a longstanding illness or disability, were more likely to feel that none of their difficulties had been resolved (24 per cent compared with 13 per cent of parents whose child did not have SEN or a disability). This again reflects findings from the NAO report (2006) which found that relatively little progress had been made in improving services for parents of children with disabilities.

Table 6.2 Resolution of worries or difficulties, by SEN / disability

Base: All pilot families who spoke to someone about their worries or difficulties and used the pilot setting for three months or longer

	No SEN/ disability %	SEN/ disability %
Resolved all difficulties	68	50
Resolved some difficulties	18	26
Resolved no difficulties	13	24
Unweighted bases	*255*	*66*

There were no differences in the extent to which families from different ethnic backgrounds felt that their difficulties had been resolved.

In addition to asking parents who had experienced worries or difficulties about the help and support they had received, we asked all parents about their views on the help and support they had received either from staff at the pilot setting or from other professionals. Again, satisfaction was very high: 84 per cent felt they had received enough support, 14 per cent said that they would have like more support and only two per cent felt that they had not needed any help and support.

However, reflecting the findings in Table 6.2, families with a child who had SEN or a longstanding illness or disability were less likely to think that they had received enough support (77 per cent compared with 85 per cent of parents whose child did not have SEN or a disability, see Table 6.3). This again suggests that there is scope to improve support for parents whose children have SEN or a disability when the pilot is extended.

Table 6.3 Satisfaction with help and support by SEN / disability

Base: All pilot families who used the pilot setting for three months or longer

	No SEN/ disability %	SEN/ disability %
Received enough help and support	85	77
Would have liked more help and support	12	23
Did not need any help and support	3	0
Unweighted bases	*898*	*172*

6.2.3 Availability of help and support

Only 29 per cent of parents who experienced worries or difficulties whilst participating in the pilot spoke to no-one about their problems, and this appears to have been a matter of choice. As can be seen in Table 6.4, only 11 per cent of families who spoke to no-one about their problems reported that no-one was available, while 62 per cent said that the setting manager was available, and 67 per cent said that other staff were available to talk through their concerns.

Table 6.4 People available to speak to about worries or difficulties

Base: All pilot families who spoke to no-one about their worries or difficulties and used the pilot setting for three months or longer

	%
Other staff working at the childcare / nursery setting (not including manager)	67
Childcare / nursery setting manager	62
Health visitor	14
Family support worker	5
GP	3
Social worker	2
Children's / Family Information Service (CIS / CFIS)	2
Speech and language therapist	1
Someone at the LA	1
Other	0
No-one	11
Unweighted base	*124*

Too few parents spoke to no-one about their concerns to look at how the availability of help and support varied for different types of parents.

6.2.4 Views on staff

This sub-section focuses on findings from the qualitative interviews with parents on their views on the setting and its staff. On the whole, parents were positive about a range of aspects of the quality of the childcare setting, including equipment provided, levels of cleanliness, and the physical environment. They were particularly enthusiastic about the quality of support provided by the staff both to parents and their children. Aspects of staff behaviour that were key to parents included approachability, friendliness, good communication and proper use of discipline.

Staff were generally described as being friendly, warm and welcoming, and some parents recalled their child speaking affectionately of their key worker at home, which led them to believe that the worker had established a genuine bond with their child. The attention and affection shown towards the children was noted by parents, who referred to the "*love"'* and "*care"* demonstrated by staff. In some instances staff had told parents how much they would miss their children when they left the setting, and one parent was struck by the emotion shown by her son's key worker when he left. Another parent was impressed that the staff at her daughter's nursery remembered to mark significant events in her life, for example when they made a birthday card with her for her sibling's birthday.

Good communication between staff and children was also valued by parents, who noted instances where staff were able to communicate well with the children by talking to them about the activities they were doing. One parent from a Bengali-speaking family explained how pleased she was that the staff were willing to learn words in Bengali so that they could better understand her son's needs while being potty-trained:

"I did ask [the staff] to help me with the potty training, and they did. They were brilliant, so when he needed to go he would say it in Bengali, in, in our language, so I taught the words to the crèche workers and said, this is how he would probably say it".

In addition to giving the childcare and attention, parents were also pleased when they saw that staff could administer discipline in a *"firm but friendly*" manner.

Positive experiences of how staff interacted with parents were also reported, and staff had been found to be reassuring, open and approachable in various instances. When leaving their children at the setting at the beginning of the placement, the reassurance and encouragement given to parents was highly valued. This tended to be a difficult time for many parents, who in many cases had never left their child in a formal setting before. Consequently, the assurance from staff that the parent should leave, and that their child would be fine once they had gone, was important in allowing the parent to feel comfortable leaving their child and allowing their child to settle in to the new environment.

It was appreciated when staff talked openly to parents about the activities they were doing at the setting and invited them to come and watch, for example when the children were singing or dancing. Parents also valued being able to approach staff on an ad-hoc basis to discuss any issues they were experiencing, without being judged on their parenting ability. Staff were referred to as being *"approachable"* and *"non-judgmental"*, and one parent explained that the staff made her feel like *"part of a family"*:

"[the staff] explained, oh…she's settled, don't worry about her, offered us cups of tea…for me I'm a part of their family now...[they are] very friendly and very approachable where you know that you're not going to be afraid of telling them anything. If you've got difficulties with your child's behaviour, anything like that, you could approach them, you could ask. They don't judge and they don't point fingers at you".

The impact on parents of being able to confide in staff about issues related to parenting is discussed further in Chapter 9.

Although parents' experiences of staff were predominantly positive, negative experiences were also reported. These tended to relate to circumstances in which the aspects reported above as being so highly valued by parents, such as approachability and good interaction with the children, were lacking. For example, there were cases where parents felt the staff were unfriendly towards them and did not appear to have time to talk. This left parents feeling unwelcome and excluded from the setting, or even that they were being *"singled out"* while other parents were favoured. Parents who felt personally excluded by staff went on to remove their child from the setting at the transition stage to three year old provision, although poor quality provision was cited as the key reason for moving rather than the relationship between parent and staff. Further discussion of the impact of experiences of the pilot placement on decisions made at transition stage can be found in section 6.5.

Although not typical of the experiences of parents interviewed, there were reports of staff shouting and snapping at children, or otherwise not interacting or communicating well with them. Although parents appreciated that they themselves would sometimes shout at their children, they argued that this was not acceptable conduct by a professional in a childcare setting:

"*They were actually sitting around having a story, and one of the workers was sat next to a little girl and she had a child on her knee…, and this little girl picked up a toy, a little like soft doll thing off the floor, and she just turned to this child, snatched it out of her hand and went,* [shouting] *'I told you it's story time' and threw it right across the room past the other children…To me, that was just totally unnecessary and…quite frightening".*

"I remember one day hearing her speak to a little girl and I thought, 'Ooh, I don't like that'…Although if it was me speaking to my child like that would be all right...because I'm their mum".

Some parents complained that the staff ignored or did not interact well with their children. For example, the mother of a child with hearing problems complained that his key worker refused to learn Makaton even though, she felt this would have improved communication between the key worker and her child.

Just as parents appreciated staff's ability to discipline their children, it was noted where there was a perceived lack of discipline in childcare settings. For example, in isolated cases where children learnt swear words at the setting, it was commented that the staff should have done something to curb this.

Importantly, negative views towards staff were linked to negative experiences of feedback, as parents who expressed dissatisfaction with the staff tended also to have had difficulties obtaining a satisfactory level of feedback from them on how their child was getting on in the setting. These difficulties included having found staff to be too busy to talk, and problems with obtaining sufficient written feedback. The following section discusses experiences of feedback in further detail.

6.3 Feedback regarding children's progress

This section explores the survey findings on the type and frequency of feedback parents received about how their child was getting on at the pilot setting, who was available to provide this feedback, and how satisfied parents were with the feedback they received. It then considers findings from the qualitative interviews with parents on their experiences and views of the feedback they received, and the impact this had on their views of the setting.

6.3.1 Receipt of written feedback from staff

Table 6.5 presents the frequency with which parents received written feedback from the pilot setting about how their child was getting on. A large proportion of parents (40 per cent) never received any written feedback. Those that did either received it very frequently e.g. every session or several times a week (22 per cent) or very infrequently e.g. once or twice a year (16 per cent).

Table 6.5 Frequency with which received written feedback

Base: All pilot families who used the pilot setting for three months or longer	
	%
Every session / several times a week	22
Once a week	6
Once a fortnight	1
Once a month	5
Once every few months	11
Once or twice a year	16
Never	40
Unweighted base	*1077*

The likelihood that parents received written feedback and the frequency with which they did so differed for different types of parents. For instance, Table 6.6 shows that parents in local authorities that operated a broad geographic or economic recruitment strategy were less likely to receive written feedback than parents in local authorities that operated more family-specific recruitment strategies (44 per cent received no written feedback compared with 35 per cent). Parents in local authorities with family-specific recruitment strategies were instead more likely to receive written feedback every session or several times a week (27 per cent, compared with 16 per cent in local authorities with broad geographic or economic recruitment strategies).

Table 6.6 Frequency of written feedback, by LA's outreach strategy

Base: All pilot families who used the pilot setting for three months or longer

	Family-specific indicators %	Broad indicators %
Every session / several times a week	27	16
Once a week	6	5
Once a fortnight	1	1
Once a month	5	4
Once every few months	9	14
Once or twice a year	17	16
Never	35	44
Unweighted bases	*533*	*536*

Furthermore, there were differences in receipt of written feedback for parents whose children spoke English as an additional language (see Table 6.7). Families of children who spoke English only were most likely to receive written feedback every session or several times a week (23 per cent), compared with 16 per cent of families whose children who spoke another language as their first and main language, and 13 per cent whose children spoke another language but spoke English as their first and main language[55].

Table 6.7 Frequency of written feedback, by language(s) spoken by child

Base: All pilot families who used the pilot setting for three months or longer

	Speaks English only %	Speaks English as first and main %	Speaks other language as first or main %
Every session / several times a week	23	13	16
Once a week	5	1	10
Once a fortnight	1	0	1
Once a month	4	7	5
Once every few months	11	12	10
Once or twice a year	16	17	18
Never	39	49	41
Unweighted bases	*886*	*82*	*101*

There were no significant differences in the regularity of written feedback received by parents of children with SEN compared with those of children without SEN.

[55] Unfortunately we have no information on whether families who spoke English as an additional language were provided with feedback in other languages.

6.3.2 Receipt of verbal feedback from staff

Predictably, parents were more likely to have received verbal feedback about how their child was getting on than written feedback. Only nine per cent of parents had never received verbal feedback in comparison to 40 per cent who had never received written feedback. As shown in Table 6.8, verbal feedback was usually very frequent: 44 per cent of parents spoke to staff about how their child was getting on every session or several times a week, and a further 22 per cent spoke to staff about this once a week.

Table 6.8 Frequency of verbal feedback

Base: All pilot families who used the pilot setting for three months or longer

	%
Every session / several times a week	44
Once a week	22
Once a fortnight	6
Once a month	7
Once every few months	7
Once or twice a year	4
Never	9
Unweighted base	*1078*

There were no differences in the likelihood that parents had received verbal feedback by socio-demographic characteristics. However, Table 6.9 demonstrates differences in the frequency of this feedback - working parents were more likely to have received verbal feedback every session or several times a week than non-working parents.

Table 6.9 Frequency of verbal feedback, by household work status

Base: All pilot families who used the pilot setting for three months or longer

	Couple: both in work	Couple: one in work	Couple: neither in work	Lone parent: in work	Lone parent: not in work
	%	%	%	%	%
Every session / several times a week	50	46	37	53	40
Once a week	20	21	25	16	23
Once a fortnight	5	8	7	6	6
Once a month	7	7	9	3	8
Once every few months	6	6	8	8	7
Once or twice a year	5	4	3	3	4
Never	7	8	12	9	11
Unweighted bases	*241*	*289*	*150*	*86*	*304*

As with written feedback, families who spoke a language other than English as their first or main language received verbal feedback less frequently than families who spoke English only, or spoke English as their first and main language (29 per cent received verbal feedback every session or several times a week compared with 46 per cent and 48 per cent respectively, see Table 6.10).[56]

Table 6.10 Frequency of verbal feedback, by language(s) spoken by child

Base: All pilot families who used the pilot setting for three months or longer

	Speaks English only	Speaks English as first and main	Speaks other language as first or main
	%	%	%
Every session / several times a week	46	48	29
Once a week	21	18	29
Once a fortnight	5	10	12
Once a month	7	6	10
Once every few months	7	9	6
Once or twice a year	4	4	5
Never	9	6	9
Unweighted bases	*888*	*82*	*100*

We saw earlier that parents of children with SEN or a disability were less satisfied with the help and support they received at the setting than those whose children did not have SEN or a disability. In addition, Table 6.11 demonstrates that whilst there were no differences in the proportions of these parents who received verbal feedback every session or several times a week (both 44 per cent), parents whose children had SEN or a disability were less likely to receive feedback once a week (11 per cent compared with 24 per cent).

Table 6.11 Frequency of verbal feedback, by SEN/ disability

Base: All pilot families who used the pilot setting for three months or longer

	No SEN/ disability	SEN/ disability
	%	%
Every session / several times a week	44	44
Once a week	24	11
Once a fortnight	6	8
Once a month	6	14
Once every few months	6	13
Once or twice a year	4	5
Never	10	5
Unweighted bases	*898*	*172*

There were no differences in the frequency of feedback for families from different ethnic backgrounds.

[56] Unfortunately we have no information on whether families who spoke English as an additional language were provided with feedback in other languages.

Sources of verbal feedback

Fifty-six per cent of parents received verbal feedback about how their child was getting on from the manager of the pilot setting, and 88 per cent received feedback from other staff at the setting (see Table 6.12).

Table 6.12 People who provided verbal feedback

Base: All pilot families that received verbal feedback and used the pilot setting for three months or longer

	%
Other staff working at the childcare / nursery setting (not including manager)	88
Childcare / nursery setting manager	56
Health visitor	14
Speech and language therapist	6
Family support worker	4
Social worker	3
GP	2
Someone at the LA	1
Children's / Family Information Service (CIS / CFIS)	0
Other	1
Unweighted base	*982*

6.3.3 Availability of staff to give feedback

Almost all parents who had not received any verbal feedback about how their child was getting on felt that a member of staff or other professional had been available to provide this (most commonly the setting manager or another member of staff, 61 per cent and 71 per cent respectively). Indeed, only ten per cent of these parents thought that no-one had been available (see Table 6.13). Accordingly, the lack of verbal feedback received by these parents appears to be largely a matter of choice. Indeed, when these parents were asked whether they had wanted feedback, 60 per cent felt that they hadn't required any feedback.

Table 6.13 People available to provide verbal feedback

Base: All pilot families who had not received any verbal feedback and used the pilot setting for three months or longer

	%
Other staff working at the childcare / nursery setting (not including manager)	71
Childcare / nursery setting manager	61
Health visitor	22
Family support worker	5
Social worker	3
GP	3
Children's / Family Information Service (CIS / CFIS)	3
Speech and language therapist	0
Someone at the LA	0
Other	0
No-one	10
Unweighted base	*97*

The only socio-demographic difference in parental perceptions regarding the availability of people to provide feedback was that Black families were more likely than other ethnic groups to feel that no-one was available to talk to them (six per cent compared with between zero and two per cent).

6.3.4 Satisfaction with feedback

Most parents were happy with the level of feedback they received about how their child was getting on (80 per cent). However, a substantial minority of parents reported that they wanted more feedback.

There were no significant differences between parents with different socio-demographic characteristics in this respect.

6.3.5 Parents' experiences of feedback

In this section we consider the findings from the qualitative interviews with parents regarding their experiences and views on feedback received, and the influence that this feedback had on their views of the setting.

Overall, a range of methods were used to give parents both verbal and written feedback on the well being and progress of their child in the pilot setting. Supporting the survey findings, verbal feedback was the dominant mode of feedback received by parents who took part in the qualitative interviews, who were generally given verbal feedback every time they went to collect their child from a childcare session. Written feedback tended to be given in the form of daily record sheets, a file or book on the child that was regularly updated, and termly or yearly reports. The daily record sheets were handed to parents when they collected their child from the setting, and would contain information such as what their child had done that day, what they had eaten, when they had been to the toilet, and any particular progress they had made. The file or book kept on each child would include examples of work that the child had done, write-ups by staff of the progress made, and in some cases included photographs of the child in the setting. This book was generally available for parents to look at any time they chose, or was shown to them at parents' evenings, which was another forum in which face-to-face feedback was given to parents. In addition, staff in some settings spent an allotted length of time observing each individual child, in order to be able to report on their behaviour and progress.

Parents were also informed about the activities that staff in the childcare setting were doing with the children through newsletters sent home, or through information displayed on notice boards in the setting.

Feedback was given on both positive and negative aspects of the child's well being and progress, including things the child had learnt or done for the first time, as well as accidents or fights they had been involved in. Further discussion on the content of the feedback parents received and how this influenced their views on the impact of the pilot can be found in Chapter 9.

6.3.6 Parents' views on feedback

On the whole, parents were satisfied with the level and method of the feedback they were given, and did not think that any more feedback would have been necessary. Supporting the quantitative findings, parents who did not receive verbal feedback every day tended to be happy with this, as they pointed out that someone had been available if they had wanted to ask for feedback, and said they would have felt quite able to do so. Parents even mentioned spontaneously that the level of feedback was better than they had expected, and were impressed by the proactive approach staff took to providing feedback even when it was not solicited by the parent.

Photographs of the children in the setting were a particularly popular mode of feedback. It was explained that not only did photographs make a nice "*keepsake*" to look back on when the child is older, they also provided reassurance that the child was comfortable in the setting in a way that written reports could not, because parents felt they could read their children's body language:

"if he's upset I can just see it in the picture…if he's enjoying it he'll be posing for the picture".

Photographs were reported to be particularly appreciated by fathers, who tended not to see their children in the setting because they were at work when their child was taken to and collected from childcare.

Receiving both verbal and written feedback was deemed particularly helpful by one mother who did not speak English very well as it was not her first or main language. She explained that it helped her to understand the feedback more easily if she could receive it in both modes.

Feedback had sometimes given parents unexpected insights into their children's emotions or behaviour, that they would otherwise not have had, and this was found to be particularly useful. For example, one child's report made her mother realise how much her daughter had understood about the recent death of the child's grandfather:

"*There was a lot of things I found out in my daughter's report which really made me tearful. There was a place in one of the statements she goes to her teacher, my grandad's died... then her teacher asked her what happened and she explained. And it was like, oh my god! My daughter understands what happened to grandad and... it helped me. And if that wasn't there in that piece of paper I wouldn't have known".*

Another parent explained how useful it was to have been told by her son's nursery that he had been unhappy there, so that she could sit down and talk to him about it at home and try to help him. Other unexpected insights from feedback included that children would eat foods that they would not eat at home, or were better behaved than they were at home.

Notwithstanding the predominantly positive views on feedback, there were parents who would have liked more feedback than they received. Complaints about verbal feedback centred around difficulties with talking to staff on a daily basis because they were too busy or, as discussed earlier, appeared to be unapproachable. Dissatisfaction with written feedback was rare, and there were views that, providing parents were told verbally that there were no problems with their child, written feedback was not necessary. Nevertheless there were some complaints about written feedback, mainly concerning cases where write-ups of the child's progress and achievements were done in retrospect rather than in real time as the child developed. In these instances, parents complained that the daily record sheets or the book on the individual child were completed at just one point in time towards the end of their child's placement.

It is interesting to note that those parents who expressed the strongest dissatisfaction with feedback also tended to have additional grievances with other aspects of the setting, particularly the quality of the staff. As discussed earlier, these parents reported being made to feel unwelcome by the staff, disliked or even 'singled out' from other parents with whom the staff were perceived to have got on better**.** Other complaints made by this group centred around the quality of care shown by staff towards the children, and the administration and billing system of the settings. In contrast, parents who were only mildly dissatisfied with feedback (for example, those who were fairly happy but upon further probing suggested that perhaps having verbal feedback more frequently would have been nice) were generally satisfied with all other aspects of the quality of the setting and had a good relationship with the staff.

Views of parents of children with SEN on the feedback they received tended to be more mixed than those of parents in general, and depended on the extent to which the setting had paid attention to the child's additional needs. On the one hand, there were parents of children with SEN who were satisfied with the specific feedback they received, and the frequency of this feedback. For example, one parent was given daily feedback from a speech therapist at the childcare setting, while a member of staff from another child's nursery attended multi-agency meetings held to discuss his additional needs, together with social workers, consultants and the child's parent. On the other hand, there were parents of children with SEN who did not feel they received as much feedback as they would have liked. For example, one parent of a child with SEN reported that the member of staff she met when collecting her child from the setting often did not know what he had been doing that day. She felt that because her son had additional needs it was particularly important that she was given better verbal feedback each day.

6.3.7 Impact of feedback on views of setting

Both the nature of the feedback and the way in which it was given were considered to have impacted on parents' views on the childcare setting.

Unexpected positive feedback, for example where parents learnt that their child was better behaved than they were at home or ate certain foods in the setting that they would not normally eat, led parents to believe that the childcare setting encouraged their child to do things they would not otherwise do at home. Conversely, there were isolated instances where negative feedback prompted parents to take a negative view of the setting. For example, one mother was repeatedly told that her son had been involved in fights or accidents in his nursery, which led her to lose trust in the quality of care provided by staff.

The level of enthusiasm with which staff provided feedback also impacted on parents' views on the quality of the setting. In cases where staff were particularly proactive about giving feedback by encouraging parents to find time to sit down with them to discuss their children's progress, parents were led to feel that the staff genuinely cared about their children and their progress. On the other hand, in some cases where staff were found to be too busy to give verbal feedback, parents tended to conclude that the staff/ child ratio in the setting was too high and staff were unable to pay sufficient attention to each child.

6.4 Additional services

As discussed at the start of this chapter, availability and signposting of other services by childcare and early education settings can be an important route for disadvantaged families to engage with a variety of services that they otherwise might not access. Therefore, this section looks at findings from the survey regarding the availability of extended services in pilot settings, and parents' use of these services.

6.4.1 Availability of additional services

From Table 6.14 we can see that just over half of parents reported that additional services were available at the pilot setting (52 per cent). The services most commonly available were courses and training (30 per cent), advice or support for parents (30 per cent), parent and toddler sessions (28 per cent) and health services for families (26 per cent). Fewer than a quarter of parents reported that each of the other services were available.

Table 6.14 Availability of other services at the pilot setting

Base: All pilot families who used the pilot setting for three months or longer

	%
Courses or training	30
Advice or support for parents	30
Parent or childminder and toddler sessions	28
Health services for families	26
Parenting classes	24
Job or career advice	18
Counselling services	14
Help in finding additional childcare	13
Other	1
None	48
Unweighted base	*1039*

There were no differences in the likelihood that parents had other services available at the pilot setting by socio-demographic characteristics. However, families in local authorities that operated family-specific recruitment strategies had more services available on average (2.1 services compared with an average of 1.6 services in local authorities operating broad geographic or economic recruitment strategies).

6.4.2 Use of additional services

Where families had other services available to them, just under half had made use of one or more of the services (45 per cent). Eighteen per cent of families had used the courses or training on offer and 14 per cent had used the health services. Other services were used by 11 per cent or fewer families (see Table 6.15).

Table 6.15 Use of other services at the pilot setting

Base: All pilot families who had other services available at the pilot setting and used the pilot setting for three months or longer

	%
Courses or training	18
Health services for families	14
Advice or support for parents	11
Parent or childminder and toddler sessions	11
Parenting classes	7
Job or career advice	3
Counselling services	3
Help in finding additional childcare	1
Other	1
None	55
Unweighted base	*543*

There were no differences in the likelihood that families with different socio-demographic characteristics had used any of the services available.

6.5 Transition

As mentioned earlier, when children turn three years of age they become entitled to 12.5 hours of free early years education. With this in mind, the qualitative interviews explored parents' experiences as their children's early years education changed from the pilot provision to their three year old entitlement. This section considers parents' experiences of this transition process and the reasons behind these experiences, then finishes by focusing on any experiences parents had of breaks in provision during the transition stage.

6.5.1 Experiences of transition process

Parents who participated in the qualitative interviews reported that their children had either stayed in the pilot setting when they turned three, moved setting, or stayed in the setting at first but then moved to another setting at some point before turning four. The survey results found that 59 per cent of pilot children stayed at the pilot setting when they turned three and 41 per cent moved to another setting.

Among those whose children continued to attend the same setting were those who were already receiving 12.5 hours of free childcare when the child was two, and did not recollect any change in the hours, cost or other features of the childcare when their child turned three. Others did recall some changes for the child at this age, including moving to a different room in the childcare setting, having a different teacher, or attending the setting for more hours per week. For some children who had been going to the pilot setting for more than the standard pilot provision of 7.5 hours a week, their hours in childcare did not increase but their parents remembered the cost of the childcare decreasing as their children became eligible for more hours of free childcare per week. Some of the parents who recalled there being a change to provision were informed of what the change would be by the setting staff, while others received a letter in the post in advance of their child's third birthday informing them of what changes to expect at the transition stage.

6.5.2 Reasons for changing settings

Parents who moved their children to a different setting when they turned three did so for various reasons, and while it was a deliberate choice for some parents, it was not for others. Some parents were informed by the setting itself that they had no choice but to move their child, as they were told by staff that all children at the setting automatically moved once they turned three. Although there were parents who did not see this as a problem, other parents would have preferred their child to continue at the pilot setting because they thought it was a good quality setting and it would have been good for their child to remain in a familiar setting with children and staff she or he knew. One parent described how at first both she and the staff at the nursery could not understand why her son did not have a three year old place when other children at the setting were going to continue there when they turned three. Suffering with depression at the time, the parent describes how she took it personally, and thought that the manager of the setting had a problem with her. She later realised that there were not enough places available for her son to continue there:

"I was told by the woman who was running it, that when he turned three I would have to find him somewhere else to go or… him not to go anywhere… At the time I was a little bit upset because I knew other parents whose children continued to go there… the nursery staff loved [name of child] and they used to make a big fuss of him, and… they couldn't understand why he wasn't staying on there until he was four. [the staff told me] so and so is staying and so and so is staying, and then I took it really personally… Because the woman who was running it… I thought she had a problem with me, and when you're in depression, you do take things like that on board and you start to question yourself… it did upset me that, because they really thought a lot of [child]… [but] apparently there was only so many places".

Other parents made a deliberate choice to move their child to a different setting when their child was three. Reasons for this decision included that the alternative setting was linked to the school that the parent wanted them to go to, or it was nearer to a sibling's school, or it had smaller class sizes.

Parents who favoured an integrated setting where a nursery and school were located on the same premises explained that they wanted their children to become familiar with the physical environment and with the teachers they would have when they moved up to the school. It was also considered to be important that the children went to nursery with other children who they would move up to school with, so that the child would experience less change when starting school. In cases where children did not automatically receive a place at a school if they attended a nursery that was linked to it, parents thought that by moving them to the nursery it would nevertheless increase their chances of being accepted at the school.

Other children were moved to a nursery that was closer to locations the parent had to go to on a daily basis, such as a sibling's school or a college that the mother was attending. This was done in order to make the practical aspects of taking and collecting the child from childcare easier for the parent.

Smaller class sizes in an alternative setting also prompted some parents to move their children from the pilot setting when they turned three. One parent who moved her child to a different setting for this reason explained that it did not matter to her that the nursery she moved her child to was not linked to the school she would later attend. She argued that rather than the nursery and school being physically linked, it was more important that the nursery was aware of the curriculum that would be followed in schools and ensured that children were prepared for school in this way.

For parents of children with SEN, the decision to move their children to a different setting when they turned three tended to be based around their wish to ensure that their child received specialised attention to their development needs. Some parents did not feel this had been provided at the pilot setting because it was not a SEN setting, and wanted their child to have the more specialised resources of SEN childcare such as sessions with a speech therapist.

Reasons for moving a child to a different setting at the age of three were generally not linked to dissatisfaction with the pilot setting, as satisfaction with the quality of the pilot setting was generally high. However, as discussed earlier in this chapter, there were rare cases of parents who were particularly dissatisfied with the quality of the pilot setting, and these parents did choose to move their child to an alternative setting as soon as they became entitled to the three-year-old provision.

6.5.3 Breaks in provision during the transition period

During the transition period when turning three, some children experienced a break or gap in childcare provision. Usually this was a break for the summer or Easter holidays, when parents either cared for their children themselves or, in some cases, paid for a few sessions of formal childcare to "*keep their foot in the water"* and prevent their child from becoming too bored. In some cases these extra holiday sessions were bought from the pilot setting, whilst in others they were provided by a play scheme or a different nursery. Informal childcare was also used in this break period, usually provided by grandparents of the child or other relatives. However it was remarked that during this time children missed the routine of going to formal, regular childcare, and would become bored at home, with one parent saying that she *"dreaded"* the holidays for this reason.

"Six weeks holiday she had… I think she was off school a couple of weeks with me and she was bored out of her head; 'can I go to school now? Please, please.' So I enrolled her in a play scheme and she went to play scheme two days a week, I think or it might've been one day a week"

Although rare, in some cases there was a gap of several months between two year old and three year old childcare provision, during which time the parent cared for their child full-time. This discontinuity was not considered to be beneficial for children because they missed the social and cognitive stimulation of childcare. Additionally, it was inconvenient for the parent, who would have preferred provision to continue seamlessly. In order to avoid such a gap in provision, one parent took her child out of the pilot placement a term earlier than she was due to leave so that she could start her three year old placement at a different nursery. The parent was told that if their child were kept in the pilot placement until she was three, she would then have to stay at home for a few months before starting her three year old place at the new nursery, causing a gap in childcare provision.

6.6 Summary

Overall both the survey and qualitative results show that experiences and views of the pilot were typically positive.

Where parents had encountered worries or difficulties whilst using the free place, 71 per cent had received some help or support with their problems. The most commonly reported sources of this help were staff at the pilot setting (including the setting manager), but health visitors also fulfilled this role to a lesser extent. Indeed, the qualitative interviews found that predominantly parents had found staff to be approachable, friendly and good at communicating with both parents themselves and their children.

Survey results showed that parents' worries or difficulties were resolved (at least in part) in 84 per cent of instances, and 84 per cent of all parents felt that they had received enough help and support during the pilot. However, the findings suggest that a number of parents whose child has SEN or a disability required more support than they received since they were less likely to report that their problems were resolved, and more likely to report that they would have liked more help and support. The qualitative element of the research found that in the rare cases where parents reported negative experiences of staff, this tended to be due to staff being perceived as unapproachable or not able to interact well with the children or parents. Parents who had such negative views of staff also tended to report negative experiences of feedback on their child's progress.

Sixty per cent of parents who took part in the survey received some written feedback about how their child was getting on at the pilot setting, and 91 per cent of parents had spoken to staff about how their child was getting on. Satisfaction with the level of feedback parents received was generally high (80 per cent were happy with the level of feedback they received). Supporting these findings, qualitative interviews also revealed that, in general, parents were satisfied with the feedback they received and had felt able to approach staff on an ad-hoc basis should they have felt the need to. The negative experiences of feedback that were reported related to cases where parents had found it difficult to talk to staff on a daily basis because they were too busy, or had received an unsatisfactory level of written feedback. Parents who expressed strongest dissatisfaction with feedback also tended to have additional grievances with other aspects of the setting, particularly with the quality of the staff.

Survey results found that written feedback was received most frequently by families in local authorities operating family-specific recruitment criteria, and by families who spoke English only. Verbal feedback was received more frequently by working families, and less frequently by families who spoke a language other than English as their first or main language. The qualitative research indicated that parents of children with SEN were less satisfied with the feedback they received than parents in general. The level of enthusiasm with which staff gave parents feedback in some cases affected parents' views on the quality of the staffing at the setting.

Just over half the parents who took part in the survey said that additional services were available at the pilot setting. Whilst there were no differences between different parents in the likelihood that services were available, families in local authorities operating family-specific recruitment strategies seemed to have more services available to them. Fewer than half the parents who had these services available reported having used them.

Forty-one per cent of pilot children changed setting when they turned three. The qualitative interviews found that parents who had moved their child to an alternative setting at this transition stage had done so for various reasons. These included wanting them to be at a nursery that was linked with the school they would later attend, moving them to a setting that was more conveniently situated (e.g. closer to a sibling's school), or to give children with SEN the specialised attention of a SEN childcare provider. Only in rare cases were children moved to a different setting at the age of three because of parental dissatisfaction with the pilot setting. On the whole, gaps in provision experienced in this transition stage were the result of school holidays, when parents tended to either care for their children themselves or use informal childcare provided by relatives. In the rare cases where gaps in provision of several months were experienced during the transition process, the discontinuity was considered to be neither beneficial for the child nor convenient for the parent.

7 QUALITY OF PROVISION IN THE SAMPLE SETTINGS

7.1 Introduction: assessing quality of provision

This section presents the results of the quality assessments undertaken in the sub-sample of 75 pilot settings (described in Chapter 1 and Appendix B)[57]. Quality of provision was assessed using the Infant-Toddler Environment Rating Scale (ITERS-R)[58] and the Caregiver Interaction Scale (CIS)[59]. The ITERS-R observations were complemented with an additional nine items taken from the Early Childhood Environment Rating Scale (ECERS-R)[60].

The ITERS-R is designed to assess centre-based childcare provision for infants and toddlers up to 30 months of age. The scale consists of 39 items organised into seven subscales, each measuring a different dimension of quality:

1. Space and furnishings (e.g. furniture for play and learning, display for children)
2. Personal care routines (e.g. health and safety practices, meal times)
3. Listening and talking (e.g. supporting children's language development)
4. Activities (e.g. fine motor activities, active physical and messy play)
5. Interaction (e.g. staff-child and peer interactions)
6. Program structure (e.g. the balance between child initiated and adult directed play)
7. Parents and staff (e.g. provision for personal and professional needs of staff, partnership for parents)

Scores for each item range from inadequate (1) through to minimal (3), good (5) and excellent (7). For the purpose of this study, scores between 1 and 2.9 were considered as 'below minimal provision'; scores between 3 and 4.9 were categorised as 'adequate quality' and scores between 5 and 7 were labelled 'good quality'. An overall childcare quality score was calculated for each setting representing the mean of items in subscales 1-6. The seventh subscale 'parents and staff' which assesses the support offered to parents and staff members was considered separately. An overview of the items and subscales which make up the ITERS-R is shown in Appendix B.

The ECERS-R uses the same format and scoring system as the ITERS-R but assesses provision for slightly older children (30 months to five years). The nine ECERS-R items used for the study were those identified by previous research as being particularly related to language and social development. They were included to assess whether the pilot settings were adequately challenging the older and more able two year olds in these areas.

[57] No selection weights have been applied within this chapter so only unweighted bases are presented.
[58] Harms, Cryer and Clifford (2003).
[59] Arnett (1989).
[60] Harms, Clifford and Cryer (2005).

The nine items were as follows:

Language-reasoning subscale

- Books and pictures
- Encouraging children to communicate
- Using language to develop reasoning skills
- Informal use of language

Interaction subscale

- General supervision of children (other than gross motor)
- Discipline
- Staff-child interactions
- Interactions among children

Program Structure subscale

- Group time

The Caregiver Interaction Scale (CIS) assesses the quality of interactions between staff and children and has been widely used in childcare research studies in the UK and the US. Each of the 26 items uses a four point scale to record the frequency of specific staff interactions or behaviours, across four dimensions:

- Positive relationships (examples of behaviour showing warmth and enthusiasm in interaction with children)
- Punitiveness (indicative of harsh or over controlling behaviour)
- Permissiveness (measuring lack of guidance and control of children)
- Detachment (indicating absence of attachment with children).

In its breadth and depth, this type of quality analysis differs from Ofsted's inspection framework for early years settings. It could be beneficial to future childcare quality improvements if the relationship between the items on the three scales used in this study and the different grades employed by Ofsted were made more explicit. Nevertheless, the relationship between quality as measured by ITERS-R, and as measured by Ofsted has been explored in Chapter 8.

7.2 Overall quality of provision for children (ITERS-R)

An overall childcare quality rating was calculated as the mean of all items across the first six ITERS-R subscales (i.e. those relating to provision for children). The 'parents and staff' subscale is analysed separately in section 7.4.

The mean total 'childcare quality' rating for the 75 settings was 4.29[61], indicating that the quality of a typical pilot setting was higher than minimal but lower than good i.e. adequate provision. The majority of the pilot settings (77 per cent) were offering adequate quality of provision. In these settings, basic procedures to safeguard children and keep them healthy are established, staff respond warmly to children and provide some element of support for communication and learning, and children have access to a reasonable range of resources and experiences. One per cent of settings were rated as below minimal quality overall, which suggests that one or more of the basic elements of quality provision, such as hygiene, safety, educational stimulation or warm staff-child interactions were missing. A further 21 per cent of settings were rated as providing good quality overall. While this is a positive finding for children attending these 16 settings, it does mean that 79 per cent of the pilot children were attending provision of less than good quality. This is important because research on the impact of the quality of early childhood settings on young children's development suggests that low quality settings can have a limited effect on children's development (or in the worse case, a detrimental effect), especially for disadvantaged children[62]. As such, the high attendance of pilot children of less than good quality settings is likely to have had a significant impact on the chances of detecting an impact of the pilot (see Chapter 8 for details on the impact of the pilot).

[61] All mean ITERS- R scores met the assumptions of parametric data, i.e. the scores were normally distributed and of equal variances. The standard deviation of the mean total score across the 75 settings sub-sample was SD=0.78.

[62] Melhuish (2004)

7.3 Dimensions of childcare quality (ITERS-R)

This section provides more detail on the individual dimensions of quality assessed. Table 7.1 presents the mean scores achieved on ITERS-R subscales 1 to 6 by the sub-sample of 75 settings, and Figure 7.1 presents box plots which show the distribution of these means[63].

Figure 7.1 Mean scores for individual ITERS-R subscales 1-6 and overall mean of subscales 1-6 (N=75)

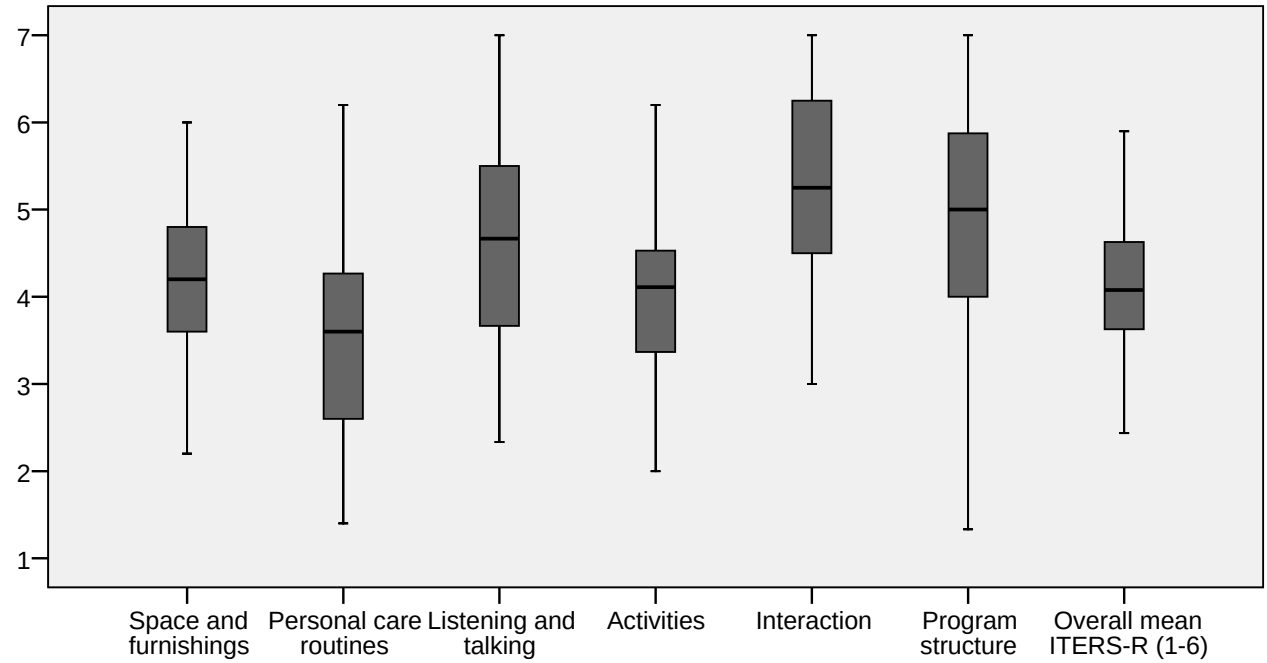


Table 7.1 ITERS-R subscale 1-6

Base: All observed pilot settings

	Minimum	Maximum	Mean	Std. Dev.
Space and furnishings	2.20	6.00	4.22	0.88
Personal care routines	1.40	6.20	3.57	1.14
Listening and talking	2.33	7.00	4.66	1.23
Activities	2.00	6.20	3.97	0.88
Interaction	3.00	7.00	5.26	1.04
Program structure	1.33	7.00	4.93	1.34
Unweighted bases	*75*	*75*	*75*	*75*

On average, the pilot settings were offering at least minimal provision across each of the dimensions of childcare quality assessed. The quality of 'interactions' was highest overall, with a mean score of 5.26 (i.e. good quality). 'Listening and talking' - the subscale that assesses the quality of staff interactions with children - scored 4.66 overall. These two subscales are of particular interest, since the focus of the child outcomes analysis is children's language and social development. The 'interaction' subscale scores suggest that,

[63] The start of the line represents the maximum score, the top of the box represents the 75th percentile score, the line in the middle of the box represents the mean, the bottom of the box represents the 25th percentile, and the end of the line represents the minimum score.

in most of the settings visited, staff provided a warm and supportive environment for children, strategies for managing behaviour were applied consistently and positive peer interactions were encouraged. The mean score for the 'listening and talking' subscale suggests that the majority of settings provided a relatively stimulating and creative environment for children's developing communication. However, as with many of the subscales, the range of quality was quite broad, with the actual subscale scores achieved by individual settings ranging from below minimal (2.33) to excellent quality (7). The quality of provision for language and social development is considered in more depth in section 7.5, which includes an analysis of the additional ECERS-R items used.

The 'program structure' subscale also tended towards good quality overall (mean 4.93). This subscale assesses daily routines and structures, for example the balance between child-initiated and adult-directed activities, transitions between activities, and the extent to which routines are planned to meet individual needs. This subscale also assesses the extent to which settings cater appropriately for children with additional needs. The overall mean score suggests that most settings did offer appropriate group and free play activities, some flexibility in provision, and relatively smooth schedules and transitions. Again, the quality offered by individual settings varied quite widely, from below minimal (1.33) to excellent (7) quality.

Lower means on the 'personal care routines' (3.57) and 'activities' (3.97) subscale suggest that the pilot settings tended to meet only the basic requirements in terms of health and safety practices, and provision of a diverse and stimulating range of play experiences for children. Coupled with the finding on overall setting quality in section 7.2, this echoes the finding in Ofsted's three year overview report which found (2008: 7) that children living in deprived areas have access to fewer good childcare settings.

7.3.1 Provision for parents and staff

The ITERS-R 'parents and staff' subscale has been considered separately on the grounds that it has a less direct connection with the quality of provision for children. For the purposes of the present study, the subscale has been included in the observation instruments but analysed separately. The subscale provides relevant and interesting information about the pilot settings, in particular about their level of commitment to working with parents to promote children's welfare and development, and about the level of support provided for the professional and personal needs of staff. Figure 7.2 shows that the average quality of provision for 'parents and staff' was rated as just less than good (mean = 4.95, SD= 0.82).

Figure 7.2 Mean score for ITERS-R subscale 7 (provision for parents and staff) (N=75)

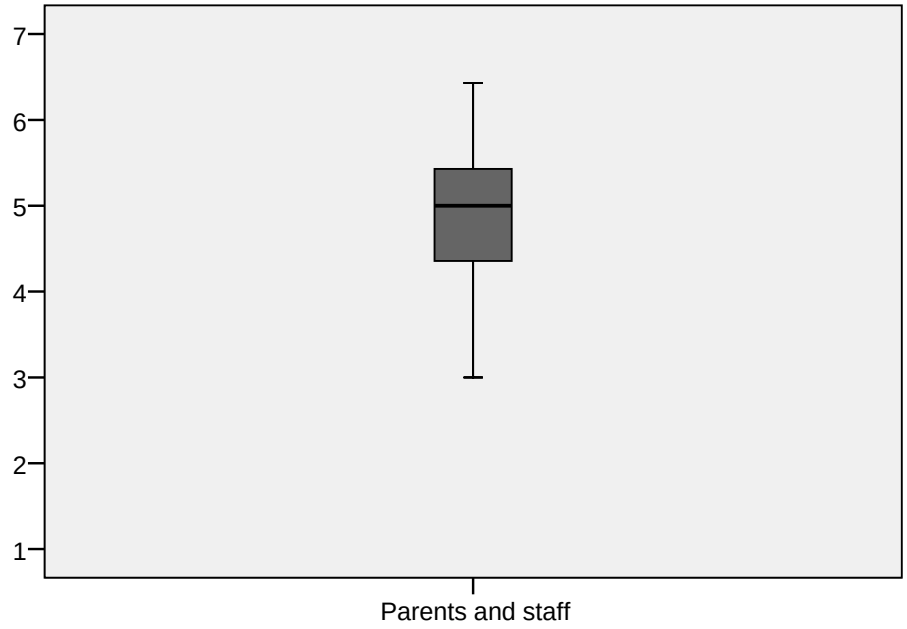


Table 7.2 and Figure 7.3 show the item scores for the 'parents and staff' subscale. The highest scoring items overall were 'supervision and evaluation of staff' and 'staff interaction and co-operation', with means of 5.85 (SD=1.41) and 5.76 (SD=1.31) respectively. This suggests that staff in many of the pilot settings were well provided for in terms of support, supervision, and opportunities to attend training and staff meetings. However, as with all of the 'parents and staff' items, quality of provision varied widely across the sample, with some settings offering inadequate provision for staff members (i.e. scores of 1 or 2) and others offering good to excellent provision (i.e. scores of 6 or 7). The wide variation in quality suggests that staff members in some pilot settings were receiving very little in the way of facilities and support for their professional development while others had excellent support.

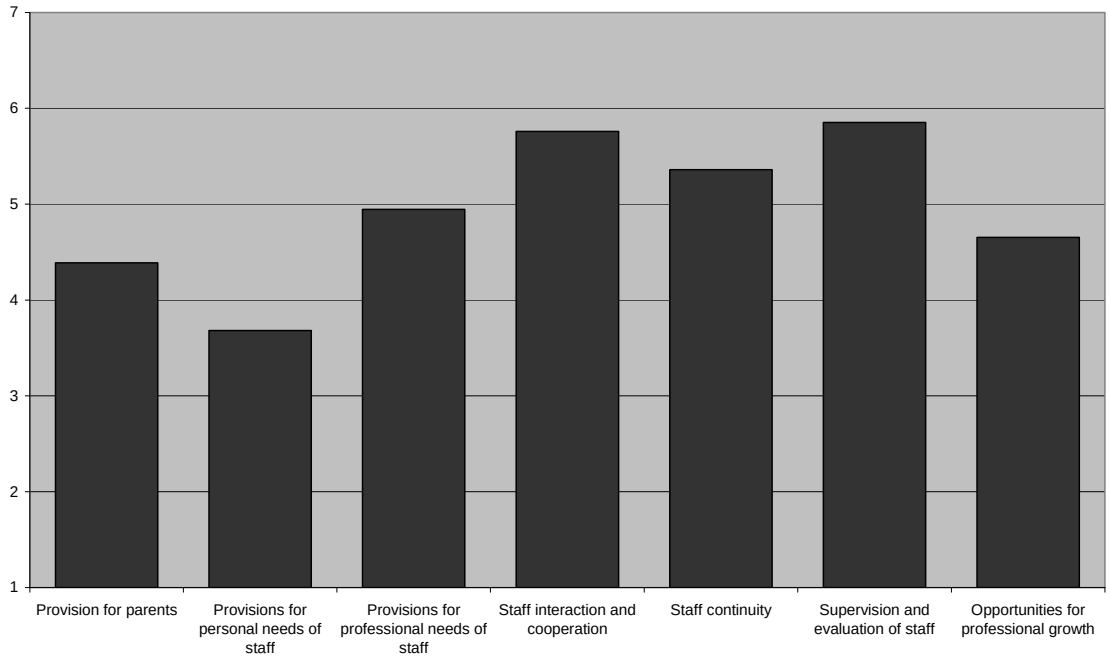
A mean score of 4.39 (SD = 1.53) for the item 'provision for parents' suggests that most settings had a satisfactory understanding of the need to develop a strong partnership with parents, that interactions between parents and staff were generally respectful and that there were some procedures in place for the sharing of child-related information between staff and parents (see Chapter 6 for more information about the feedback provided to parents by the pilot settings).

Table 7.2 ITERS-R 'parents and staff' item scores

Base: All observed pilot settings

	Minimum	Maximum	Mean	Std. Dev.
Provision for parents	2.00	7.00	4.39	1.53
Provisions for personal needs of staff	1.00	6.00	3.68	0.98
Provisions for professional needs of staff	1.00	7.00	4.95	2.01
Staff interaction and cooperation	1.00	7.00	5.76	1.31
Staff continuity	1.00	7.00	5.36	1.47
Supervision and evaluation of staff	2.00	7.00	5.85	1.41
Opportunities for professional growth	2.00	7.00	4.65	1.29
Unweighted bases	*75*	*75*	*75*	*75*

Figure 7.3 Mean scores for individual items on ITERS-R subscale 7 (provision for parents and staff) (N=75)



7.4 Quality of staff-child interactions (ITERS-R, ECERS-R and CIS)

The quality of staff-child interactions has been shown as key to children's satisfactory development in early years settings[64], while itself being influenced by the overall quality of the setting[65]. As such its analysis as part of this study is likely to throw an important light on the experiences of pilot children. Table 7.3 shows the individual item scores for the ECERS-R items assessed, all of which relate to the quality of the staff-child interactions and support for children's developing language skills. Table 7.4 shows the equivalent items for the ITERS-R.

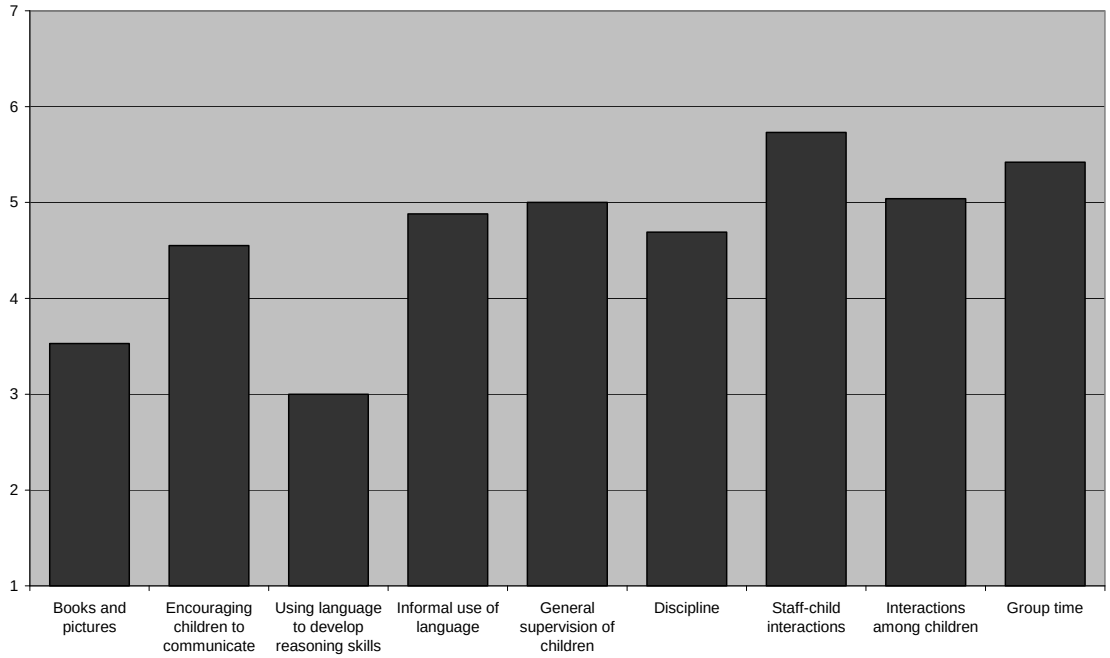
Table 7.3 ECERS-R item scores

Base: All observed pilot settings

	Minimum	Maximum	Mean	Std. Dev.
Language and reasoning				
Books and pictures	1.00	7.00	3.53	1.27
Encouraging children to communicate	1.00	7.00	4.55	1.40
Using language to develop reasoning skills	1.00	7.00	3.00	1.27
Informal use of language	3.00	7.00	4.88	1.45
Interaction				
General supervision of children (other than gross motor)	1.00	7.00	5.00	1.69
Discipline	2.00	7.00	4.69	0.81
Staff-child interactions	2.00	7.00	5.73	1.65
Interactions among children	1.00	7.00	5.04	1.43
Program structure				
Group time	2.00	7.00	5.42	1.48
Unweighted bases	*75*	*75*	*75*	*75*

[64] Sylva et al. (2004)
[65] Mathers, Sylva and Joshi (2007)

Figure 7.4 Mean scores for individual ECERS-R items (N=75)



The item scores for both ITERS-R and ECERS-R suggest that the quality of interactions between staff and children was good overall. The sample of settings achieved a mean rating of above 5 for the 'staff-child interaction' item on both scales. These items assess the extent to which the interactions between staff and children are warm and respectful and whether staff members are responsive to, and engaged with, children. Mean scores for 'supervision' were also 5 or above for both scales, suggesting that the majority of settings provide safe environments for children and that staff generally showed an interest in, and an appreciation of, children's play. More worrying is the variation between settings - the standard deviations for the ITERS-R 'interaction' and 'supervision of play and learning' items were 1.77 and 1.93 respectively (Table 7.4). This finding, together with the minimum scores for both these items of 1 (inadequate) suggest that some settings within the sample were not providing a reasonable standard of care for children in these areas.

Support for peer interactions was also rated as good quality overall (on both the ITERS-R and the ECERS-R scales) - and settings were more consistent in this regard. The standard deviation for the ITERS-R 'peer interaction' item was 0.94, and the minimum score achieved by any setting was 4 (between minimal and good, see Table 7.4). This suggests that children in all settings had the opportunity to interact with peers, and that staff in many settings actively encouraged and supported peer interactions.

Table 7.4 ITERS-R items relating to language and interactions

Base: All observed pilot settings

	Minimum	Maximum	Mean	Std. Dev.
Listening and talking				
Helping children understand language	1.00	7.00	5.15	1.47
Helping children use language	2.00	7.00	5.40	1.48
Using books	1.00	7.00	3.43	1.74
Interaction				
Supervision of play and learning	1.00	7.00	5.36	1.77
Peer interaction	4.00	7.00	5.35	0.94
Staff-child interaction	1.00	7.00	5.25	1.93
Discipline	2.00	7.00	5.07	1.07
Program structure				
Group play activities	1.00	7.00	4.04	2.21
Unweighted bases	*75*	*75*	*75*	*75*

Analysis of the items which consider support for children's developing language skills suggests that the settings generally provided good support for young children (i.e. children under 2.5 years) to develop their verbal communication. The sample settings achieved mean scores of above 5 on both the ITERS-R language items ('helping children use language' and 'helping children understand language'). This suggests that staff spoke frequently to the children, that they generally did so in a positive and meaningful fashion, and that adults also encouraged early expressive language by responding to and skillfully interpreting young children's attempts to communicate.

However, staff members in the sample settings were slightly less successful in providing the element of challenge required for older two year olds. While the mean score on the ECERS-R item 'informal use of language' was 4.88, mean scores for the 'encouraging children to communicate' and 'using language to develop reasoning skills' items were lower (4.55 and 3 respectively). Most settings did not offer sufficient opportunities for children's cognitive development and lacked activities and resources that would be intellectually stretching for older children. Use of books was not a strength of the settings visited - the mean score for the 'books and pictures' items was similar for both ITERS-R and ECERS-R (3.43 and 3.53 respectively) indicating that provision for children's early awareness of books was of just above minimal quality. These missed opportunities highlight the need for improvement in language and literacy provision.

On a more positive note, a high score on the 'group time' item (5.42) indicates that, overall, there was a good balance between adult-led activities and those chosen by the children. In most nurseries, several opportunities to be part of self-selected groups were planned for children and staff engaged in educational interaction with small groups as well as with the whole group.

One of the most striking features of the language and interactions analysis - and one which has been prevalent throughout the analysis - is the variation between settings. The large differences in the quality of provision for language offered by the sample settings (see Table 7.3 and Figure 7.4) suggest that children receiving the pilot funding had very different

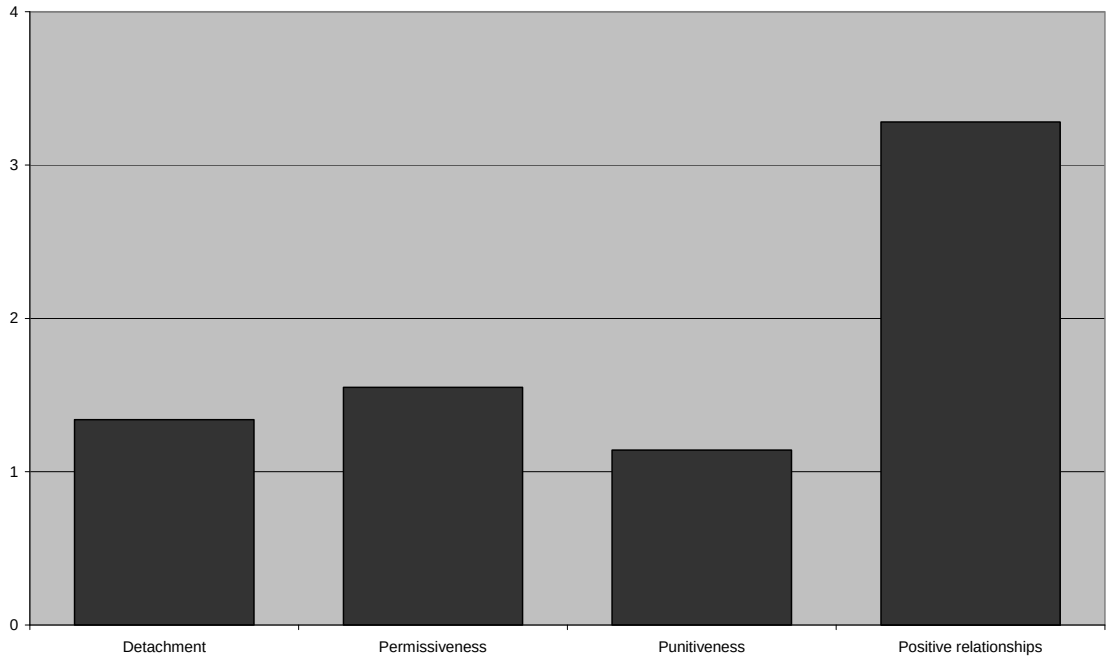
experiences. The extent to which these differences in quality have an impact on their outcomes is explored in Chapter 8.

Caregiver Interaction Scale

Using the Caregiver Interaction Scale (CIS) allowed for a more in-depth exploration of the nature of staff-child relationships. The scale consists of four subscales, measuring one desirable behaviour (positive relationships) and three undesirable behaviours (punitiveness, permissiveness and detachment), each rated on a 4 point scale indicating how much the statement is characteristic of the caregiver (1= not at all to 4 = very much).

Analysis of the CIS scores for the pilot settings supports the findings of the ITERS-R and ECERS-R analysis in suggesting that the quality of staff-child interactions was good. With a high mean score (3.27) and a relatively small standard deviation (0.46), the positive relationships subscale confirms that warm interactions and good support were a characteristic feature of the pilot settings. The remaining three CIS subscales measuring undesirable staff behaviour revealed low average scores. These findings suggest that, in terms of staff-child interactions, the majority of children attending the pilot settings were well provided for.

Figure 7.5 Mean scores for Caregiver Interaction Scale (N=75)



7.5 Comparisons with NNI

The National Evaluation of the Neighbourhood Nurseries Initiative (NNI)[66] quality study provides a good comparison benchmark for the present study as both government initiatives were targeted at disadvantaged populations and aimed to improve outcomes for young children. However, the comparative results should be interpreted with caution as the studies differ in certain characteristics (e.g. differences in age range being catered for, funding availability, length of care provision).

Comparison of the mean total ITERS-R scores achieved by the two samples indicates that the overall quality of provision offered to children was very similar (see Table 7.5) suggesting that the quality of settings in the pilot reflects the typical quality of settings in disadvantaged areas. While this is encouraging to some extent, it does also suggest that provision quality for disadvantaged young children has not improved significantly since the NNI data was collected in 2004/ 2005[67].

Table 7.5 Total ITERS-R mean scores across six subscales for the Two Year Olds Pilot and the Neighbourhood Nurseries Initiative

Base: All observed settings in the Two Year Olds Pilot and NNI

	Minimum	Maximum	Mean	Std. Dev.	*Unweighted base*
Two Year Olds Pilot	2.39	6.10	4.29	0.78	*75*
NNI	1.96	6.31	4.27	0.99	*102*

Analysis of the subscales assessed within the NNI and Two Year Olds Pilot settings, shows that the quality 'profiles' were very similar overall (see Table 7.6). The subscales means within each sample were all 3 or above, suggesting that overall provision was at an adequate level for each dimension of quality assessed. The 'interaction' subscale was the strongest element of provision for both samples, suggesting that settings were generally successful at offering children warm and stimulating interactions. The lowest scoring subscale for both samples was 'personal care routines', which indicates potential for development in some of the important routine hygiene, health and safety elements of provision.

Table 7.6 Mean total ITERS-R scores achieved on each subscale for the Two Year Olds Pilot and the Neighbourhood Nurseries Initiative

Base: All observed pilot settings

	NNI		Two Year Olds Pilot	
	Mean	SD	Mean	SD
Space and Furnishings	4.21	1.01	4.22	0.87
Personal Care Routines	3.48	0.99	3.57	1.14
Listening and Talking	4.41	1.41	4.65	1.23
Activities	3.86	1.06	3.96	0.88
Interaction	5.15	1.30	5.26	1.04
Program structure	4.51	1.63	4.93	1.34
Unweighted bases	*102*	*102*	*75*	*75*

[66] Mathers and Sylva (2007).
[67] The Two Year Olds Pilot data was collected between May 2007 and March 2008.

7.6 Summary

In summary, the quality of provision offered to pilot children was adequate overall, but only one-fifth of settings (21 per cent) achieved an average ITERS-R score of 5 or higher. This means that a significant proportion (just less than four-fifths) of the pilot settings assessed were offering provision rated as less than 'good' quality. Chapter 8 argues that this had an impact on the wider findings of the evaluation and, in particular, on the likelihood of finding a positive impact of the pilot on child outcomes.

Looking in greater depth at the different dimensions of quality assessed, the quality of interaction between staff and children was a strength within the sample settings. Interactions between staff and children were generally warm and respectful, and staff supported peer interactions and the development of children's emerging social skills. Support for language development was of good quality for younger two year olds, although analysis of the ECERS-R items used suggests that staff members in the sample settings were slightly less successful in providing the element of challenge required for older two year olds. There was also room for improvement in relation to the quality of care routines and provision of stimulating play experiences for children.

A further feature of the quality analysis was that provision varied widely across the sample, with some settings offering good to excellent quality and a small number offering less than minimal quality of care. This variation is a cause for concern, particularly since - for children in disadvantaged areas - equality of access to good quality early years provision is of paramount importance.

8 THE IMPACT OF THE PILOT ON CHILDREN AND THEIR FAMILIES

8.1 Introduction

In this chapter we turn to the question of whether the pilot was successful in terms of the impact the free places had on child development, on parent-child interaction and on other secondary outcomes, such as parental attitudes to childcare. In addition we look at whether the quality of the childcare settings used by pilot families influenced children's development.

8.2 How impact is measured

To measure the impact of the pilot on children and their families it is not sufficient to observe the changes in those children and families over time, because some change would happen irrespective of the pilot. In order to untangle change attributable to the pilot from other change, a comparison group approach is needed. Under a comparison group design, change over time in a suitable comparison group is taken to represent 'normal' change over the period of the evaluation, and any difference observed between this 'normal' change and the change observed for the pilot children and families is taken as the impact of the pilot. In other words the comparison group generates the 'counterfactual'.

The comparison group used for the evaluation of the pilot was based on a random sample of children of the same age as the pilot children, living in relatively deprived areas of England where the pilot was not operating and which had a relatively large minority ethnic population. The sampling frame used was Child Benefit records. The intention in drawing the sample in this way was to generate a sample that was *similar* in profile to the pilot children/families, from which a properly *matched* comparison sample could be generated.

For the comparison sample to act as a good source of counterfactual estimates it needs to match the profile of user children/families as closely as possible. Inevitably the sample we generated for the comparison sample is not perfect in this respect and some major differences between the user and comparison samples were found. For example, the baseline survey found that 34 per cent of the sample of pilot families were on housing benefit, compared with just 24 per cent of comparison sample families. Generating a fair comparison sample involved two key tasks:

- We collected detailed baseline data on both the pilot children and their families, and the comparison group and their families. This included child development assessments at age two, at a stage where the pilot children had either not started or had only just started their free place. In addition detailed data was collected on family characteristics, such as socio-demographic characteristics, and previous use of childcare, which between them covered all the recruitment criteria used by the local authorities for the pilot plus a number of additional characteristics which correlate with child outcomes, such as the home learning environment.

- Using this detailed baseline data we weighted the comparison data so that it gives a very close baseline profile to that of the pilot data. This means, for example, that after weighting, the percentage of families on housing benefit is close to 34 per cent in both the pilot and comparison samples. The approach used was propensity score matching, the details of which are included in Appendix A.

Taken together these two stages ensure that there is a close overall match between the pilot and comparison samples at baseline, in terms of child development at age two and across a wide range of family characteristics. If, over the course of the evaluation, the two samples then diverge, it is reasonable to infer that this divergence is attributable to the different experiences of the group after the baseline. The trajectory of the pilot sample after the baseline is taken to represent 'normal change plus change attributable to the pilot', whereas the trajectory of the matched comparison sample is taken to represent 'normal change'. Note that 'normal change' need not preclude taking up childcare.

Outcome measures were collected, during interview, when the pilot and comparison group children had just turned three. These measures included detailed child development assessments, indicators of child-parent interaction, (self-report) measures of the home learning environment, and parental attitudes to childcare. The impacts of the pilot on all of these measures are described below.

8.3 Overall impact of the pilot on child development

One of the primary stated aims of the Two Year Olds Pilot was to improve children's cognitive and social development. In order to test this, the outcome interviews with pilot and comparison group families when the child turned three included a range of child assessments including:

- Children's vocabulary as measured by the British Ability Scales (BAS-II)[68] and the Sure Start Language Measure (SSLM)[69]
- Children's non-verbal reasoning, as measured by the BAS-II
- The Adaptive Social Behaviour Inventory (ASBI)[70].

The BAS-II is an educational psychology tool that provides a reliable measure of children's cognitive functioning, and has been adapted for use by survey interviewers. The evaluation used two subscales of the BAS assessments - 'naming vocabulary' and 'picture similarity', the first being a measure of vocabulary and the second being a measure of non-verbal reasoning ability.

The SSLM is a parental report measure of early language development. It measures vocabulary knowledge (based on lists of 100 words) alongside a measure of parental concern about language and other cognitive and social development drawn from elements of the MacArthur Communication Development Inventory-UK Short Form (MCDI-UKSF)[71], and the Parents Evaluation of Developmental Status (PEDS)[72]. The evaluation used the 100 word list to measure vocabulary at both baseline and follow-up (with the SSLM being the primary measure of child cognitive development at baseline).

The Adaptive Social Behaviour Inventory (ASBI) is an instrument based on 30 questions, developed to assess multiple dimensions of social competence in young children, using parents as raters. In order to report on the ASBI, the data collected for the evaluation has been factor analysed. This (in line with other research) identified five underlying factors which we have labelled 'pro-social behaviour', 'anti-social behaviour', 'confidence', 'compliance' and 'anxiety'.

[68] Elliot, Smith, and McCulloch (1996).
[69] Roy et al. (2005).
[70] Hogan, Scott and Bauer (1992).
[71] Dale et al. (2000).
[72] Glascoe (1997).

Table 8.1 shows how the pilot children scored on each of these measures relative to the matched comparison sample. The final column shows the p-value of the difference (where the p-value represents the estimated probability that the difference between the groups could have occurred by chance alone). A p-value of *less* than 0.05 represents a statistically significant difference between the two groups (based on a two-sided statistical test with a 5 per cent significance level). Throughout the tables of this chapter significant differences have been asterisked.

Note that the evaluation study was designed to measure the overall, or average, impact of the pilot provision on children and their families. The sample size for the study was set with this in mind. Nevertheless the study did collect data on the characteristics of children and families and the nature (in particular the quality) of the settings used in the pilots, so some sub-group analysis is possible. This allows for some testing of whether different sub-groups of children experienced different impacts of the pilots. This is dealt with later in the chapter.

The results shown in Table 8.1 suggest that, looking at the pilot children in aggregate, the pilot has not significantly impacted on child cognitive development and social behaviour. On the BAS-II picture similarity scale pilot children scored an average of 48.4 whereas the average score for the matched comparison group was only very slightly better, at 49.3. The interpretation of the BAS scores is not entirely straightforward: a difference of one point represents a difference of 0.1 standard deviations (where the population mean is 50, the population standard deviation is 10, and 95 per cent of the population of similarly aged children lie within +/-2 standard deviations of the mean). Nevertheless, the finding is clear-cut: there is no evidence that, on average, the pilot improved the non-verbal reasoning of the children overall.

On the BAS-II naming vocabulary scale, pilot children scored an average test score of 47.2, which in this case is slightly better than the average for the matched comparison groups at 46.6, suggesting that the pilot may have very slightly improved language development. But the difference is again very small and certainly not significant on a statistical test.

Similarly, the pilot does not seem to have had an overall impact on child social development as measured by the five ASBI factors. Table 8.1 shows no significant differences between the pilot and comparison samples on any of the five domains: co-operation and compliance, confidence, pro-social behaviour, anti-social behaviour, and anxiety.

Table 8.1 Impact of the pilot on child cognitive and social development

Base: All pilot children

	Pilot children	Matched comparison children	p-value for difference
BAS-II Picture similarity	48.4	49.3	0.361
BAS-II Naming vocabulary	47.2	46.6	0.630
SSLM	88.0	86.7	0.508
ASBI:			
Compliance	-0.044	-0.076	0.748
Confidence	-0.027	0.065	0.410
Pro-social	0.011	-0.048	0.356
Anti-social	-0.013	0.035	0.691
Anxiety	-0.012	-0.108	0.375
Weighted bases for BAS-II	*991*	*991*	
Unweighted bases for BAS-II	*991*	*1205*	
Weighted bases for SSLM and ASBI	*1065*	*1065*	
Unweighted bases for SSLM and ASBI	*1065*	*1240*	

8.4 Possible explanations

Bearing in mind that different local authorities took different approaches to the delivery of the pilot (e.g. offering different numbers of free hours) there are a number of possible explanations for the pilot's apparent lack of an overall impact on child development. Indeed, it may be the case that the pilot had an impact in some instances and not others. Three hypotheses (all of which we explore further in this section) are:

- That some pilot local authorities offered free places primarily to parents who would have taken up formal childcare irrespective of the offer. If this was the case then there would be no 'added value' of the free place on child development.

- The number of hours offered in some local authorities (7.5 per week) may have been too low to generate an impact on child cognitive and social development.

- The quality of the childcare offered under the pilot as a whole may not have been high enough to impact positively on child cognitive and social development.

We have looked at each of these hypotheses in turn and, as we will demonstrate in the remainder of this section, we believe that the last of the three is probably the main explanation. That is, the quality of the childcare offered under the pilot as a whole would have needed to be higher to generate a measurable, overall impact. Or, put another way, had the pilot children all been offered places in relatively high quality settings (those with a score of at least 4 on the Infant-Toddler Environment Rating Scale), the impact of the pilot would have been positive and reasonably large.

8.4.1 Take-up of formal childcare amongst the matched comparison group

Recall that the matched comparison group represents our best estimate of the behaviours and outcomes of pilot children and their families net of the pilot. So the percentage take-up of formal childcare amongst the matched comparison group gives us an estimate of how many pilot families would have taken up formal childcare for their child at some point between the ages of two and three *if they had not been offered the free place*. The estimate the comparison sample gives us is 56 per cent. That is, just over half of the pilot families who were offered a free place would have taken up formal childcare in the period.

This inevitably raises the question of whether the lack of an overall significant impact on child development is, at least partly, explained by the fact that any benefits of formal childcare on child development would have been experienced by a large percentage of the pilot children anyhow (i.e. the lack of impact could be because more than half of the comparison group used formal childcare as well). To address this question we have looked specifically at the added-value of the childcare per se. This is done by looking at whether pilot children taking up their free place demonstrate greater cognitive and social development than their counterparts[73] from the comparison group *who did not use any formal childcare over the same period*. In other words we have looked at whether formal childcare per se (of the type and duration offered under the pilot) is of value to children in terms of their development. To make the comparison across these groups valid, the profile of the families in each group has been 'standardised' (again using matching methods). Table 8.2 shows the results of this analysis.

As with the earlier, overall, analysis of impact, this new analysis does not identify the pilot as having had a statistically significant impact on child cognitive and social development, although there is a *suggestion* in the data that pilot children do very slightly better than their counterparts who do not use formal childcare on the cognitive measures. For example, the average BAS-II picture similarity score is 48.5 for pilot children and 45.7 for comparison sample non-users, and there are smaller, but similar, differences on naming vocabulary and the Sure Start Language Measure. (Note that the SSLM measures the average number of words understood by a child from a total of 100, so a difference of one between the pilot children and the comparison group means, that on average the pilot improved child vocabulary by one word from the list of 100.) These small differences are not statistically significant and, although they suggest that the formal childcare offered under the pilot *may* have been beneficial, the results should not be over-stated.

Our cautious interpretation of this analysis is that, on average, the formal childcare offered under the pilot did not generate significantly better child development outcomes than would have occurred without the formal childcare. So, even though many of the pilot families would have taken up formal childcare irrespective of the pilot, this does not explain the lack of observed impact overall. Indeed, even if none of the comparison group had taken up formal childcare, these results suggest that there would not have been an overall impact of the pilot[74].

[73] To ensure a valid comparison, for this analysis pilot families and children have been re-matched to the subset of non-users in the comparison sample.

[74] That is, there would not have been an overall impact of offering an average of 7.5 hours of childcare in the type of settings that typically offered the pilot, compared to a comparison group that used no childcare.

Table 8.2 Impact of the pilot on child cognitive and social development, relative to those not using childcare

Base: All pilot children and children in matched comparison group not using formal childcare between the ages of 2 and 3

	Pilot children	Matched comparison children (non-users of formal childcare)	p-value for difference
BAS-II Picture similarity	48.5	45.7	0.063
BAS-II Naming vocabulary	47.1	46.1	0.576
SSLM	87.8	86.4	0.703
ASBI:			
Compliance	-0.044	-0.030	0.916
Confidence	-0.032	-0.167	0.393
Pro-social	0.004	0.099	0.303
Anti-social	-0.029	-0.029	0.994
Anxiety	-0.022	-0.227	0.116
Weighted bases for BAS-II	*884*	*884*	
Unweighted bases for BAS-II	*884*	*397*	
Weighted bases for SSLM and ASBI	*952*	*952*	
Unweighted bases for SSLM and ASBI	*952*	*406*	

8.4.2 Number of hours offered under the pilot

Our second possible explanation for the lack of an overall impact on child development is that the number of free hours offered may have been too small. In practice, a considerable proportion of pilot families used rather more than 7.5 hours of care at the pilot setting, with 19 per cent taking over 12.5 hours, and a further 21 per cent taking between 7.5 and 12.5 hours.

This variation in the number of hours used gives us a means of testing whether there is an association between the number of hours and child development outcomes, the test of interest being whether more hours are associated with better child outcomes. Table 8.3 shows the results of analysis that compares child outcomes for pilot families using 7.5 or fewer hours, 7.5 to 12.5 hours, and over 12.5 hours. (See Chapter 5 for more details regarding the number of hours children received at the pilot setting). Note that to make the comparison across the groups valid, the profile of the families in each group has been 'standardised' (again using matching methods).

As with all the analysis presented in this chapter so far, there are again no significant differences between groups. The interpretation in this instance is that increasing the number of hours of formal childcare does not appear to improve child development outcomes. This, in turn, suggests that the fairly small number of hours of formal childcare offered by some of the local authorities in the pilot does *not* explain the lack of an overall impact on child development. There is no evidence that increasing the number of hours would have generated better child development outcomes. Indeed, in the EPPE study there was no significant impact of part-time versus full-time early education on subsequent cognitive development[75].

[75] Sylva et al. (2004)

Table 8.3 Child cognitive and social development, and number of hours of childcare used

Base: All pilot children

	<= 7.5 hours	> 7.5 and <= 12.5 hours	>12.5 hours	p-value for linear association
BAS-II Picture similarity	48.5	48.3	48.9	0.802
BAS-II Naming vocabulary	47.0	47.3	46.2	0.575
SSLM	89.0	87.0	89.9	0.672
ASBI:				
Compliance	-0.035	-0.144	-0.038	0.971
Confidence	-0.050	-0.016	0.016	0.521
Pro-social	0.013	0.039	0.060	0.657
Anti-social	-0.005	0.009	0.164	0.199
Anxiety	0.027	-0.082	-0.095	0.343
Weighted bases for BAS-II	*578*	*578*	*578*	
Unweighted bases for BAS-II	*578*	*202*	*180*	
Weighted bases for SSLM and ASBI	*611*	*611*	*611*	
Unweighted bases for SSLM and ASBI	*611*	*221*	*196*	

8.4.3 Quality of the formal childcare offered under the pilot

The final hypothesis tested is that the settings that were used by pilot children may not have been of high enough quality, on average, to generate impacts on child development overall. As discussed in section 1.3.3, we do not have direct assessments of quality for all the settings used in the pilot local authorities (the pilot children in the evaluation between them went to over 500 settings and direct assessments of all of these would have been prohibitively expensive). However, we do have assessments for 75 settings, and these 75 settings were selected so as to over-represent those with larger than average numbers of pilot children. So these 75 settings cover 38 per cent of the pilot children in the evaluation. Furthermore, based on data collected from 383 of the remaining settings we have been able to impute a probable quality score for most of the settings for which no direct assessment was made. The details are included in Appendix B.

Settings were rated using both Infant-Toddler Environment Rating Scale (ITERS-R) and Early Childhood Environment Rating Scale (ECERS-R) measures (see Chapter 7 for further details) but for the purposes of looking at the relationship between quality and impact we have concentrated on ITERS-R.

Based on the imputed quality scores (for settings without a direct quality assessment) we estimate that 17 per cent of pilot children took up a free place in a setting with an ITERS-R score of 5 or above (which represents a ‘good’ score); a further 46 per cent took up a place in a setting with an ITERS-R score of 4 - 4.9 (which represents the higher end of ‘adequate’); 34 per cent took up a place in a setting with an ITERS-R score of 3 - 3.9 (which represents the lower end of ‘adequate’, see Chapter 7 for more details on the quality of settings); and a tiny minority (three per cent) took up a place in a setting with an ITERS-R score of 2.9 or lower.

In order to assess whether the profile of quality scores accounts for the pilot's lack of overall impact on child development, we have carried out a similar analysis to that described in the previous section where we were considering the relationship between outcomes and the number of hours offered. In this instance we compared outcomes for children going to relatively high quality settings with children going to lower quality settings (after 'standardising' the profile of each group of children so as to make the comparison valid). Note that for this analysis we have only made use of settings where we have a *direct* assessment of quality. Table 8.4 shows the results from the analysis.

Table 8.4 Child cognitive and social development, and ITERS-R score

Base: All pilot children in a setting with a complete quality assessment

	<= 3	4	>=5	p-value for linear association
BAS-II Picture similarity	48.0	49.4	50.0	0.156
BAS-II Naming vocabulary	46.0	46.9	54.9	0.000*
SSLM	86.0	83.8	94.4	0.016*
ASBI:				
Compliance	0.003	-0.215	0.210	0.526
Confidence	-0.042	-0.099	-0.082	0.808
Pro-social	-0.069	-0.015	0.173	0.250
Anti-social	-0.132	-0.011	-0.053	0.650
Anxiety	0.067	0.210	-0.410	0.318
Weighted bases for BAS-II	*116*	*116*	*116*	
Unweighted bases for BAS-II	*116*	*170*	*86*	
Weighted bases for SSLM and ASBI	*128*	*128*	*128*	
Unweighted bases for SSLM and ASBI	*128*	*179*	*89*	

In this instance, and in contrast to all of our earlier analysis, there is a significant and positive linear association between quality score and child development outcomes, at least in terms of language development. For instance, the average naming vocabulary score increases from 46.0 for children in a setting with an ITERS-R score of 3 or below, to 54.9 for those children attending a setting with an ITERS-R score of 5 or above. This equates to almost a one standard deviation increase. Or, relative to published population norms, a child going to a setting with an ITERS-R score of 3 or below could expect to have language abilities at age three that would put them at the 34th percentile[76] relative to the population of children of similar age, whereas a child going to a setting with an ITERS-R score of 5 or above could expect to have the language skills of a child at the 69th percentile. A similar impact is seen for the Sure Start Language Measure: on average a child going to a setting with an ITERS-R score of 5 or above could be expected, at age three, to understand eight more words from the list of 100 than a child going to a setting with an ITERS-R score of 3 or below.

[76] Percentiles represent the values below which a certain proportion of people fall e.g. the 34th percentile illustrates that 34 per cent of children have a language development score that is equal to or lower than 46.0 (the median is equivalent to the 50th percentile).

On non-verbal cognitive ability (as measured by the BAS-II picture similarity score) the impact of the quality of the setting is far less clear. There is a slight gradient in the average scores as quality increases, but it is far smaller than that observed for language development and non-significant on a statistical test of trend. In addition, there is no clear relationship between the ASBI factors and quality.

Based on this analysis, it would appear that had the pilot local authorities been able to ensure that all the children given a free place were attending a setting with an ITERS-R score of at least 4 then the pilot *would* have impacted on child development, at least in terms of child vocabulary (where, as seen above, the association between quality and outcomes is most marked). In order to test this more formally, we have looked specifically at the sub-group of pilot children and families with a pilot place in a setting with an ITERS-R score of 4 or above. (We would ideally have looked separately at those in a setting with an ITERS-R score of 5 or above, but the small sample sizes prohibit this). For the group with an ITERS-R score of 4 or above we have re-weighted the comparison sample so as to generate a matched comparison sample suitable for this sub-group. Comparing outcomes for the 'ITERS4+ group' with their matched comparison group gives us an estimate of the impacts of the pilot on this sub-group of parents. Table 8.5 below sets out the impacts on all pilot children alongside the impacts on the ITERS4+ group.

In line with the finding that quality impacts on language development (but much less so, if at all, on other cognitive and social behaviour), the second row of Table 8.5 shows a significant difference between the 'ITERS4+' group of pilot children and their matched comparison group on the BAS-II naming vocabulary score. The average score for the pilot children is 49.4 and, based on the comparison group, we estimate it would have been just 45.8 without the pilot. What this implies is that, had the pilot managed to place all children in a setting of a quality equivalent to an ITERS-R score of 4 or above, the pilot would have impacted on child language development. The fact that around 36 per cent of pilot children were placed in settings of a lower quality than this has depressed the overall impact of the pilot to the extent that we are not able to detect an average, or overall, impact statistically.

Table 8.5 Impact of the pilot on child cognitive and social development, overall and for the 'ITERS4+' sub-group

Base: All children

	All children			ITERS-R 4+ children		
	Pilot children	Matched comparison children	p-value for difference	Pilot children	Matched comparison children	p-value for difference
BAS-II Picture similarity	48.4	49.3	0.361	49.5	48.3	0.240
BAS-II Naming vocabulary	47.2	46.6	0.630	49.4	45.8	0.010*
SSLM	88.0	86.7	0.508	91.5	88.2	0.099
ASBI:						
Compliance	-0.044	-0.076	0.748	0.051	-0.083	0.155
Confidence	-0.027	0.065	0.410	-0.023	-0.159	0.608
Pro-social	0.011	-0.048	0.356	0.030	0.034	0.976
Anti-social	-0.013	0.035	0.691	-0.067	0.223	0.108
Anxiety	-0.012	-0.108	0.375	-0.072	-0.055	0.894
Weighted bases for BAS-II	*991*	*991*		*256*	*256*	
Unweighted bases for BAS-II	*991*	*1205*		*256*	*1205*	
Weighted bases for SSLM and ASBI	*1065*	*1065*		*268*	*268*	
Unweighted bases for SSLM and ASBI	*1065*	*1240*		*268*	*1240*	

8.5 Impacts for sub-groups

As part of the exploratory analysis for this report we investigated whether the impacts on child and social development differed by key sub-groups, such as families on low incomes, families in deprived areas, and those children in the lowest percentiles of cognitive development at baseline. We found no significant impacts in any of these sub-groups. It is plausible that were we to replicate the analysis of the previous section, isolating out those children going to relatively high quality settings, then significant and differential impacts would be found. However the sub-group sample sizes are too small for this level of analysis.

8.6 Impact on parent-child relationships and the home learning environment

Although the evaluation focused primarily on child cognitive and social development outcomes, data was also collected on a range of secondary outcomes, including the Pianta Child-Parent Relationship Scale[77] and the Home Learning Environment Scale[78].

The Pianta Child-Parent Relationship Scale is completed by parents and is designed to assess the parent's perception of the quality of the relationship with their child. A number of statements are put to parents such as *'I share an affectionate, warm relationship with (child name)'*, and parents are asked to agree or disagree with each of the statements. Their positive responses are summed to an overall index number. A higher score represents a better parent-child relationship.

[77] Pianta (1995)
[78] Melhuish et al. (2008)

The Home Learning Environment Scale looks at the frequency with which parents engage in learning activities with their children, such as reading books, recognising numbers, and singing songs. Here a *lower* score represents a better home learning environment. The home learning environment has been strongly associated with child cognitive outcomes[79], while in addition the impact of early education on the home learning environment, has also been demonstrated[80].

Given the main finding from the previous sections that there was no *overall* impact of the pilot on child cognitive and social development but that this obscured an impact on those children who went to relatively high quality settings, at least in terms of child vocabulary, we have made use of a similar split in presenting results on other child outcomes. That is we show the overall, or average, impact of the pilot alongside impacts for those in relatively high quality settings. Table 8.6 gives the details.

On these outcomes measures we find, again, that there are no significant impacts of the pilot when looking across all pilot children, but focusing on those children who went to the relatively high quality settings, it appears that the pilot did significantly impact on parent-child relationships as measured by the Pianta scale. On average, pilot parents using relatively high quality settings reported a slightly better relationship with their child than comparison group parents (the direction of impact is the same for 'all pilot children' but smaller and non-significant on a statistical test). So, as with, language development, the pilot would probably have had a larger impact overall had more children gone to relatively high quality settings.

In terms of the home learning environment, there is no evidence that the pilot generated change either overall or for those children going to relatively high quality settings.

Table 8.6 Impact of the pilot on parent-child relationship and the home learning environment, overall and for the 'ITERS4+' sub-group

Base: All children

	All children			ITERS-R 4+ children		
	Pilot children	Matched comparison children	p-value for difference	Pilot children	Matched comparison children	p-value for difference
Pianta	61.8	60.5	0.090	62.0	58.8	0.015*
Home learning environment	19.5	18.9	0.311	18.7	19.1	0.555
- Reading books (%)	97	93	0.189	96	94	0.394
- Library (%)	11	14	0.263	11	11	1.000
- Recognising letters (%)	84	83	0.909	84	82	0.736
- Recognising numbers (%)	95	96	0.506	96	96	0.913
- Recognising colours/ shapes (%)	92	94	0.173	93	96	0.049*
- Singing songs (%)	95	96	0.325	96	97	0.576
- Painting/ drawing (%)	90	93	0.306	91	93	0.257
Weighted bases	*1082*	*1082*		*272*	*272*	
Unweighted bases	*1082*	*1290*		*272*	*1290*	

[79] Sylva et al. (2004)
[80] Smith, Speight and La Valle (2009)

8.7 Impact on perceptions of formal childcare and the take-up of the early education offer

In this final impact section we look at the evidence on whether the pilot improved parental perceptions of formal childcare and if, as a consequence, parents in the pilot were more likely to take up the early education offer. Attitudes to childcare were captured using a range of statements with which parents were asked whether they agreed or disagreed. Some of the statements are directly about childcare, such as *'Going to childcare is the best way to teach two year olds to get on with other children'* whereas others are around the relationship between childcare and employment, e.g. *'Children under school age are likely to suffer if their mother does paid work'*. The figures in Table 8.7 show the percentages either agreeing or strongly agreeing. Consistent with the previous sections, figures are shown for all pilot children and then, separately, for those attending relatively high quality settings.

Across most of the statements that are about the benefits of childcare for children, pilot parents expressed more favourable opinions than comparison group parents. For instance, 83 per cent of parents agreed with the statement *'going to childcare is the base way to teach two year olds to get on with other children*', compared with 69 per cent of comparison group parents. This would suggest that some parents who were doubtful of, or ambivalent about, the benefits of childcare for children were converted by the pilot.

There is less evidence that the pilot changed attitudes around the relationship between childcare and work. Approximately three-quarters of comparison group parents agreed with the statement *'if children are well looked after it is good for a mother to do paid work'* and this was only marginally higher amongst pilot parents (77 and 79 per cent respectively). We should take into account, however, that the amount of time available to families under the free offer was insufficient to allow parents to undertake more than a minimal number of hours of paid work in that period alone, while the original pilot offer was for early education rather than childcare per se.

Table 8.7 Impact of the pilot on attitudes to childcare, overall and for the 'ITERS4+' sub-group

Base: All parents

	All children			ITERS-R 4+ children		
	Pilot children	Matched comparison children	p-value for difference	Pilot children	Matched comparison children	p-value for difference
	%	%		%	%	
A working mother can establish just as warm a relationship with her children as a mother who doesn't do paid work	65	62	0.373	68	62	0.325
Children under school age are likely to suffer if their mother does paid work	21	32	0.005*	19	20	0.816
If children are well looked after, it's good for a mother to do paid work	79	77	0.567	82	82	0.947
Sending two year olds to childcare does more harm than good	4	10	0.016*	3	17	0.010*
Going to childcare is the best way to teach two year olds to get on with other children	83	69	0.055	84	66	0.052
It is important for two year olds to spend some time away from their parents and family	85	76	0.005*	84	82	0.573
Two year olds can learn more in childcare than they can from their parents	31	22	0.014*	30	18	0.023*
Two year olds who go to childcare pick up bad habits	34	36	0.588	39	37	0.838
Weighted bases	*1082*	*1082*		*272*	*272*	
Unweighted bases	*1082*	*1290*		*272*	*1290*	

Given the positive impact of the pilot on attitudes to childcare it is a plausible hypothesis that the pilot would increase take-up of the early education offer at age three. The findings in Table 8.8, suggest that the pilot may have increased take-up (88 per cent amongst pilot parents, whereas, based on the matched comparison group we estimate, it would have been just 81 per cent). However, the difference between the two is not statistically significant and so the evidence for a positive impact on take up of the early education offer is inconclusive.

Table 8.8 Impact of the pilot on take-up of the early education offer, overall and for the 'ITERS4+' sub-group

Base: Base description

	All children			ITERS-R 4+ children		
	Pilot children %	Matched comparison children %	p-value for difference	Pilot children %	Matched comparison children %	p-value for difference
Take-up of EEO	88	81	0.123	88	84	0.452
Weighted bases	*945*	*945*		*241*	*241*	
Unweighted bases	*945*	*650*		*241*	*650*	

8.8 Implications of the impact findings

The findings presented in this chapter suggest that if the impact of free early education for two year olds from deprived households on child development is to be maximised it is essential that the settings used by families are of relatively high quality (a minimum ITERS-R score of 4). But this knowledge is of little practical use for local authorities who do not have ITERS-R assessments for the settings in their local area. To address this, recent Ofsted ratings (as of Spring 2009) have been attached to as many of the settings used by the pilot families in the evaluation sample as possible, and the relationship between child outcomes and Ofsted grade explored (for further details about how this analysis was conducted, see Appendix B). On the two key measures of cognitive development (the BAS-II scales for picture similarity and naming vocabulary) we found a similar relationship between the BAS-II measures and Ofsted grades as between the BAS-II and ITERS-R. That is, as quality improves, cognitive ability, especially language development, increases. Table 8.9 shows the relationship. What this suggests is that if the provision of free places was to be restricted to settings with an Ofsted score of at least 'good' then this ought to be sufficient to ensure a positive impact on two year olds.

Table 8.9 Child cognitive and social development, and Ofsted grade

Base: All pilot children in a setting with a recent Ofsted grade

	Grade 3-4 (Satisfactory /Inadequate)	Grade 2 Good	Grade 1 Outstanding	p-value for linear association
Early Years Education				
BAS-II Picture similarity	47.9	50.1	50.6	0.343
BAS-II Naming vocabulary	47.7	48.7	50.6	0.415
Childcare				
BAS-II Picture similarity	46.9	49.7	51.5	0.228
BAS-II Naming vocabulary	47.2	48.7	50.4	0.483
Weighted bases for nursery education	*128*	*128*	*128*	
Unweighted bases for nursery education	*128*	*244*	*40*	
Weighted bases for nursery education	*144*	*144*	*144*	
Unweighted bases for nursery education	*144*	*280*	*37*	

Findings from the recent Ofsted three year overview report (2008:8) suggest that the roll-out of high quality provision for disadvantaged two year olds poses serious challenges. This confirms that the quality of early education in close to 65 per cent of all registered settings is good or outstanding, while 62 per cent of sessional day care is good. As such, quality of both early education and group day care across England remains variable, and Ofsted note that "overall, quality is generally poorer where there is most poverty and social deprivation" (2008:11). Hence "children and families living in areas already experiencing relative deprivation therefore face further inequity because they have less access to high quality childcare provision" (2008:11).

8.9 Summary

In summary, relative to a matched comparison group, the pilot did not significantly improve the cognitive and social development of the children receiving the free childcare overall. The pilot children only developed slightly further than their matched comparison group over the same period. Notably, these findings reflect those from the Scottish evaluation of an equivalent though smaller-scale pilot programme which also found no evidence for developmental impact beyond that in the comparison group[81].

However, this *overall* lack of a significant impact disguises the fact that for those children who were in relatively high quality settings there *was* an impact on children, at least in terms of child vocabulary. For these children (who between them represent around two-thirds of all pilot children) the effect of the pilots was to significantly improve their BAS-II naming vocabulary scores (from 45.8 to 49.4 on average). This is equivalent to moving a child from the 34th percentile for language development to the 46th percentile. We'd consider this to represent movement from a position of mild risk of having poor language development in the

[81] Woolfson and King (2008)

longer term, to a position of no risk[82]. What this suggests is that, had the pilot local authorities been able to secure more places in relatively high quality settings, then the pilot would have had a considerably larger impact overall.

A similar pattern is observed for parent-child relationships. Although, overall, there is little evidence that the pilot places significantly improved parent-child relationships, for those families who were given a free place in a relatively high quality setting, parent-child relationships *were* significantly better amongst pilot families than in the matched comparison group. So, again, it appears that to make an impact on families the quality of the setting matters. The evaluation of the equivalent Scottish initiative targeted at disadvantaged two year olds also explored the impact of the pilot on both parent-child relationship and parenting capacity. In relation to both outcomes, an overall positive impact was found with pilot parents being more likely to report an improvement in the relationship with their child and their parenting skills compared with the comparison group[83].

More generally, the pilot programme appears to generate more positive views about formal childcare amongst families, and there is some evidence (although not statistically significant) that this leads to higher take up of the early education offer at age three. (88 per cent of pilot families took up the offer, compared with just 81 per cent of the matched comparison group.)

On other outcomes, such as child non-verbal reasoning, social development, and the home learning environment there is, in contrast, no evidence of a programme impact, either overall or within the sub-sample going to a relatively high quality setting. Amongst the outcome measures studied, the impacts of the pilot programme appear to be limited to language development and parent-child relations.

[82] The bottom 20% of children are typically consider 'at risk' and taking into consideration the relatively large confidence intervals associated with cognitive tests of young children, it seems justifiable to consider being in the bottom 34% as 'at mild risk'. In contrast, being at the 46th percentile is very close to the median.
[83] Woolfson and King (2008)

9 PARENTS' PERCEPTIONS OF THE EFFECTS OF THE PILOT

9.1 Introduction

In this chapter we explore parents' perceptions of the effects of using the pilot setting. These perceptions were examined in two different ways and yielded two separate sources of data. Quantitative data was collected via the survey these results are presented first. Parents' perceptions of the effects of the pilot setting was a main focus of the 54 qualitative interviews we carried out mainly with mothers, and these findings are presented in the rest of the chapter. The qualitative findings were largely driven by parents' 'stories' of the different ways the experience of using early years education affected various aspects of their lives and their families' lives. The range of effects reported by parents in the qualitative interviews is discussed under three broad headings: parenting, family well being and child development.

The findings on self-reported effects of the pilot scheme presented here are different from the formal impact assessment reported in the previous chapter. The latter relied on a quasi-experimental design and assessed what would have happened in the absence of the pilot. In discussing self-reported effects, parents had to consider a number of hypothetical scenarios, for example, whether they would have been using early years education if the pilot had not been available, how various aspects of their lives would have been different if they had not used early years education, how their children would have progressed if they had not attended an early years setting or a setting offering higher or lower quality provision. The extent to which parents were able to make these judgements varied, nevertheless both the qualitative and quantitative findings show that the pilot was very popular with parents who identified a wide range of benefits associated with early years education, benefits that were considered to be particularly significant and likely to be long-lasting for the most disadvantaged families.

The sample for the qualitative interviews was selected to reflect the range of families who took part in the pilot, including families from different minority ethnic groups. However, we do not have a sufficient number of respondents in the different minority ethnic groups to draw any conclusions, on how, for example, the experiences and views of Asian Pakistani families might differ from those of Black African families.

9.2 Survey results on self-reported impact

At the follow-up survey interview, carried out after children had typically been in the pilot setting for a (school) year, pilot parents and their matched counterparts who had taken up formal childcare were asked to identify any good things the childcare had brought about for them and their children. The replies presented in Table 9.1 were unprompted, that is they were spontaneously mentioned by parents and then coded by interviewers using a pre-existing coding frame. These results show that while the differences between the pilot parents and the comparison parents were generally small and non-significant[84], there were differences between the two groups in the expected direction in relation to most aspects of child development, with pilot parents being more likely than the comparison group to report positive effects. For example, 44 per cent of parents whose children attended the pilot noted that it had benefited their children's speech and/or language development, compared with 32 per cent of the comparison group. Fifty-four per cent of pilot parents thought their children had become more independent or confident compared with 46 per cent of the comparison group, and 18 per cent of pilot parents felt their child would benefit in the future compared with 10 per cent in the comparison group.

[84] The p-value represents the estimated probability that the difference between the groups could have occurred by chance alone). A p-value of *less* than 0.05 represents a statistically significant difference between the two groups (based on a two-sided statistical test with a 5 per cent significance level).

The pilot parents' perceptions of positive impact of the pilot setting did not vary by the quality of the setting (see Chapter 7 for an explanation of how the quality of pilot settings was assessed).

Table 9.1 Good things about formal childcare, pilot parents and comparison group

Base: All pilot families and families in matched comparison group using formal childcare between the ages of 2 and 3

	Pilot parents %	Comparison group %	P Value %
Advantages			
Child with other children	77	71	0.252
Child more independent / confident / got used to other adults	54	46	0.241
More time for me to do other things	49	44	0.308
Child has learnt new things	47	53	0.263
Child's speech and / or English language have improved	44	32	0.093
Gives me a break	41	46	0.250
Child enjoys it	36	31	0.324
Helps child in the future / at school	18	10	0.017*
Child has learnt to concentrate better	14	14	0.995
Helps with everyday activities / routine	3	2	0.336
Childcare setting provides discipline / makes child better behaved	2	4	0.315
Makes time child and I spend together more valuable / appreciated	1	+	0.052
I can work	1	1	0.489
Affordable	+	+	0.036*
Childcare setting has better toys / equipment	+	+	0.503
Other	2	3	0.594
No good things	1	+	0.000*
Weighted bases	*1082*	*1082*	
Unweighted bases	*1082*	*850*	

We saw in Table 9.1 that very few parents (one per cent) said that the pilot enabled them to work, this is not surprising given that the amount of provision typically offered by the pilot was small (7.5 hours per week), as the programme was not designed with a primary aim of encouraging parental employment. However, parents reported other ways in which the pilot had a positive effect on other aspects of their lives, in this case parents were presented with the specific options shown in Table 9.2. As we can see, 72 per cent of parents said it had given them more time to carry out domestic tasks, 52 per cent reported having more time to relax, 48 per cent reported more opportunities to socialise, 40 per cent felt it had reduced stress and 29 per cent reported feeling less tired.

Table 9.2 Perceived benefits of the pilot for parents

Base: All pilot families

	More	Less	No effect
	%	%	%
Activities			
Time to do other tasks like household chores or caring for other family members	72	1	26
Time to relax and do other things	52	2	39
Chance to meet new people or make friends	48	1	51
Feelings			
Stressed	3	40	56
Tired	4	29	67
Unweighted bases for activities	*1079*	*1079*	
Unweighted bases for feelings	*1078*	*1078*	

9.3 Parenting

Parents who participated in the qualitative interviews reported a range of ways in which they believed the setting had positively affected their ability to parent. They felt they had gained a better understanding of their children as individuals and also of different child development stages. Some believed that their parenting skills and their relationships with their children had improved since their child had started attending the pilot setting. The ability to provide a more stimulating learning environment at home was also attributed to the experience of using the pilot setting. The effects in these different domains are discussed in turn in the rest of this section.

A recurrent theme in parents' accounts of how the experience of using the setting had affected their ability to parent is that the nature of the effects reported and their significance for parents seem to be closely linked to parents' needs and circumstances.

9.3.1 Better understanding one's child

Some parents described how their children attending the setting provided opportunities to 'discover' aspects of their behaviour, personalities and capabilities of which the parents were not previously aware.

The childcare setting's role in facilitating knowledge of the child's ability and behaviour was a theme that emerged particularly with parents whose children had SEN, a disability, or behavioural problems. In some instances the children of such parents were in settings that specifically catered for these needs, for example a setting the respondent referred to as an *"assessment centre"*, or where many of the children were reported to have SEN or a disability.

A young lone mother whose child has behavioural problems, talked about getting feedback on her son after each session:

"…and sometimes he would do these things at the playgroup where he wouldn't do at home, and when I was reading them I'd be like, oh, okay [chuckles]*".*

She specifically mentioned that her child was *"scared of food"* at home but she found out from the pilot setting that her child did not appear to suffer from the same food phobia in the setting. About talking to the staff about her child's moods on a regular basis she said:

"…and if he was happy or sad or cross, and he couldn't, he never did tell me; he used to just throw a tantrum".

When the child had no specific needs this effect was expressed less strongly and mainly in terms of getting to know one's child as a person. A lone mother, for example, said:

"she had painting, you know, being creative. That's when I first realised that that's what she liked because she had the opportunity to do it, otherwise I wouldn't have known what her likes and dislikes were"

Better knowledge of one's child was typically gained through, for instance, the parent realising that their child behaved differently at the setting than at home, or through their child's achievements at the setting.

A parent whose son has SEN talked about gaining an insight into his abilities*:*

"Yes, we were quite surprised actually when he did the cognitive tests…and he was actually…he did really, really well and so I think he has this habit of …[pause]… you think, I don't know, that he knows less than he actually [does]*…"*

And the lone mother of a child with autism said:

"I was over-compensating for his bad behaviour, letting him get away with things because I was thinking, 'Is he actually being naughty or is he not understanding the concept of what I'm trying to put across to him?'.... I would say, 'Now, how was he with blah, blah?', and they'd be like, 'Oh, he was fine', and I'd be thinking, 'So, he can do as he's told', because all, they all play up for their mums, everybody knows that but it was a bit more than that. I think I was thinking he weren't understanding something but was doing it perfectly well in school cos they wouldn't have it."

This mother then found out how the staff coped with the behaviour (i.e. running away from the table during meal time) and started using the same method at home.

Receiving very detailed, regular feedback on the child from the setting facilitated such opportunities as well as the relationships that parents had built with the staff, in particular their child's key worker, which meant parents were receiving direct support and could discuss anything relating to their child with the staff.

9.3.2 Child development knowledge

Some parents reported becoming aware of what children should or could be achieving at their age through participating in the pilot. A young mother, for example, told us that when her child started at the setting she felt somewhat uncomfortable about the staff not being very supportive of the children, not helping children a lot or asking too much of them, which made her concerned about the quality of the setting. However, after a while she noticed her child enjoying and growing in confidence about doing new things like dressing, when in her own eyes he was *"still a baby".* She was then happy to support her child in implementing his new achievements at home.

Another parent told us:

"..everyone kept saying how forward he was…he knew his colours and shapes and things, this is my first one, so I was not aware of what age they should be doing things so…"

Feedback on milestones in the child's development, more general information about child development, and giving parents opportunities to witness the different approaches adopted by the setting to encourage a child's development (e.g. to encourage independence) were all examples of how parents became more aware of what their child could be achieving at different stages.

9.3.3 Parenting skills

Parents described how the experience of using the setting had supported them with regard to certain parenting skills. Parents talked about observing and taking on board (*"seeing it visually", "copying"*) how the staff at the setting interacted with the children and also getting direct parenting support from staff when parents specifically asked to discuss a problem or in the course of a more general discussion about their child's progress in the setting.

A wide range of benefits were mentioned, ranging from parents getting support with very practical aspects of parenting (e.g. toilet training) to receiving help and advice with a child's behavioural problems. Parents talked about asking setting staff for advice about specific (and in some cases serious) behavioural problems and how to deal with them (for example, a child taking off his clothes when and where he liked). They described how the staff had given them tips on how to communicate with and encourage their child, for instance the importance of praise. One parent, for example, said she noticed how much of a fuss the staff made about her child's achievements and how they praised her for the smallest things and that she started doing it herself because she *"liked"* it.

To illustrate these parenting effects - a lone mother talked about how the use of cards showing different emotions was helpful in communicating with her child:

"[the childcare setting] gave the children cards with peoples' faces on them, like...characters off the Internet, they just printed out like, and there was a happy face, a sad face, a child upset, there was like six different cards about different faces and when the child was coming to school the teachers announced, so let's see what face has so and so got today, and the child will express we've got this face today. So, a child then knows that you know, like we were happy today, we're sad today, then the teacher will ask why are you happy today? Why are you sad today? Or why are you confused or whatever. That really, really helped, the cards...It helped me and her because in the morning we'd talk amongst ourselves. Oh, so [child's name], what card are you today? And she'll say, oh Mum, I'm a happy card today".

The level of parents' involvement with the setting and parents' trusting relationships with the staff seemed to help facilitate these good effects, underlined by working parents who tended to be *"in and out"* of the setting being less likely to establish a close relationship with the staff and to get substantial advice and support. The parents who reported this influence from the setting described the staff as encouraging, warm, friendly, and non-judgemental. The only parent who explicitly said that the parenting advice she was given *"did not work"* also told us that this support from the family services worker at the setting had been arranged without consulting her.

Where parents' support needs were more apparent, they tended to emphasise the beneficial influence of the settings more. For example, a mother with a child with SEN (speech problems) said:

"..it was sort of "oh they do things this way". And, you know, it taught me a lot as, you know, a parent and, you know, I think [husband's name] when he went in, the several times he went in, so you know, doing things differently with your child and things that you wouldn't have thought of doing, and so they were very inspiring as there was lots of things that, you know, we brought back home and, you know would do and use...Activities and the way, you know, the way I think we spoke to [children's names] and, you know, different ways of speaking to get them to do things."

A lone mother in her early twenties whose child had behaviour problems said the setting *"helped her a lot".* When her child was *"doing things",* i.e. behaving unacceptably at home she would talk to a member of staff who she trusted a lot about it, who would give tips and encourage trying them at home. The mother said she *"learned to handle things better and breathe".*

Some parents mentioned struggling with their child's behaviour or thinking that their child was not as well-behaved as other children, and they described feeling encouraged by the staff. A mother who had been unsure of her parenting abilities talked about how the feedback she was getting from the staff made her *"feel good"* as a parent. As another example, a lone mother described how *"they were actually encouraging me not to give up".*

9.3.4 Parent child relationships

Some parents described how their relationships with their children improved following their child's participation in the pilot. These effects were about bonding with their child, appreciating each other more, and perceived improvements in certain aspects of the parent-child relationship.

Reporting these kinds of effects on the relationships with their children was again linked to the levels of need and circumstances of parents, and they were mostly and most strongly reported by parents who also reported lower levels of well being at the time due to mental health problems, with a strong recurring topic being maternal depression (postnatal or otherwise), and other stressors such as physical health problems. For these parents, the positive effect on the relationship with their child was closely linked to what they saw as the respite care provided by the pilot. For other parents, the pilot had simply provided the parent and child with some time off from each other, but there was no sense that this had significant consequences for them or their children. When effects in this domain were described they appeared to be on a spectrum of significance, which reflected the spectrum of needs amongst different families. When parents said that the pilot scheme had made little or no difference at all to the quality of the relationships with their children there was typically no mention of difficult circumstances or poor emotional well being of the parents.

For some parents it appeared that the pilot had affected their sense of pride in their children, as a result of positive feedback they were given on their children by the setting or through observing their child coping and progressing in the setting:

"…she'd come home sometimes and have new words. I'd be thinking, have they taught her that?... it was like, wow...you'd be sitting there thinking, my God, my little girl knows that word, you know, and it was nice".

Parents feeling proud of their children's independent progress and the settings encouraging this pride indicates that settings might have facilitated positive effects on this important aspect of the parent-child relationship, particularly for parents who were more sceptical of their child's abilities compared with other children.

Other parents, emphasised the effects of the pilot on the quality of the relationships with their children much more. One young mother had two children a year apart in age and reported feeling socially isolated at the time. She said how the pilot made her more appreciative of her children:

"..basically if they're here the whole day and they haven't gone to nursery I'll be going crazy, they do my head in…When I have that break from them I look forward to picking them up and I'm just so happy to see them and they come home and we're like all refreshed again so we start playing, talking, so in that sense, yeah, it's really changed how I see them, because they drive me up the wall if they're here, at the weekends I'm just crazy it's hectic".

And a lone mother who suffered from depression at the time felt:

"you're less agitated with them [..], you're a lot less like 'don't do that', you've got more, more calmer and you're more, cos you haven't had them under your feet all day…you're bonding more and then it's more like you miss them because you haven't had them".

Other parents with emotional problems talked about having more patience with their children as a result of having had that *"break"* from their caring responsibilities or because the pilot had enabled them to juggle care and other responsibilities, including household chores. This kind of relief enabled parents to, as one parent put it, *"have a happy face"* when their child came home from the setting. Another mother talked about feeling closer to her child and more *"relaxed"* than in the period prior to the pilot, when she had felt socially isolated and bored as she was not allowed to work (the family were asylum seekers from Zimbabwe), with her *"mind not thinking well"* which meant she might have pushed her daughter away.

A lone mother who suffered from anxiety and depression talked about the pilot having been helpful for her doing a course, which had made her feel more positive about herself, and also that she had used the free time it gave her to read self-help books on mental health problems, and said that as a result of this:

"I took more of an interest... I was like, oh what have you been doing and you know, have you been painting, what have you been painting and stuff like that, getting more interaction with her and asking her what she was doing in nursery and stuff".

9.3.5 Home learning environment

Some parents believed that the pilot settings had made a difference to what they were doing with their children at home with regard to activities and their child's learning. The impetus for these effects came either from the setting directly or from the setting via the child.

When the effects reported had come via the child, this was about the child bringing home a book from the setting every day and asking the parent to read it with them, being given a musical instrument by the setting to take home, being given *"homework"* (i.e. some tasks) to do, or asking the parent to do the same activities at home that they had been doing at the setting. Some parents thought that participating in the pilot had made their children less likely to ask to watch TV and more likely to want to do things such as drawing, and thought this was because they wanted to do more of what they had been doing at the setting. Children being generally more patient from being used to learning and having had an outlet for too much energy was thought by some parents to have facilitated more learning activities at home.

Some parents said that the setting had helped them use their initiative, e.g. by giving them ideas for activities to do at home. This happened mainly through observing what the setting was doing and how staff interacted with children during these activities, and then trying to recreate this at home, although parents had also asked for suggestions for ways to play with their children. Some parents also reported having been informed by the setting about the children's learning schedule over the next period of time, for example one parent said:

"They did, like say this week they were learning on animals, then they would let us know, like, to get books for him and then show him different kinds of animals, and then the following week they were doing colours, so we'd teach him the different type of colours, and the next week it was numbers, so they did tell us, like, oh we, this week we are doing this…We actually started because he started going to nursery, it actually helped us as well because we never, when he was young we never really used to sit down with him and teach him anything, but because they started telling us and, you know, we thought it was best for him, so we'd give him at least a few hours for him to learn something at home, yeah."

Unlike the positive effects discussed above, any influence on the home learning environment did not seem to be strongly linked to the parent's or child's specific circumstances (e.g. mental health or behavioural problems). When parents reported no effects at all in relation to home learning environment this was typically due to the fact that they had been doing these kinds of (learning) activities at home with their child anyway. Even parents who perceived a limited impact and did not attach a lot of significance to this aspect of the pilot still noted some difference, simply because the pilot gave them more free time to do activities with their child such as outings, as they were able to do household chores more effectively while their child was at the setting.

9.4 Family well being

This part of the chapter describes the recurrent wider and unintended positive effects which parents reported the pilot scheme had had on their lives and families' lives. The experience of using the pilot setting was perceived to have had effects on the family in a number of ways, that is:

- Parents' well being, including improved physical and mental health and personal development
- Household management
- Family functioning.

These different effects are discussed in turn in the rest of the section.

9.4.1 Parents' well being

In line with the survey results presented earlier in this chapter, in the qualitative interviews parents talked about the different ways in which using the pilot setting had positively affected different aspects of their lives.

Some parents said that the free sessions for their children had made them feel less exhausted or tired, and they were able to take a much needed rest during the time the children were in the setting. Family size, the ages of children and the age differences between them were all linked to parents emphasising this benefit of the pilot, so for example this effect was typically mentioned by parents with more than one child under school age and/or a newborn baby in the family. Parents who did not have family or friends nearby to provide help were also particularly likely to regard this as an important benefit of the pilot setting.

Parents also described a variety of ways in which the pilot had enabled them to improve their mental and emotional well being. They talked about the benefit of having time to spend on their own (sometimes in cases where the parent had never had the opportunity to do so since the birth of their child), the opportunity for relaxation (*"sit in peace and quiet for just a couple of hours"*) and doing adult activities, such as going to the gym.

Parents' circumstances and levels of need were again clearly linked to the perceived importance and benefits of free early years education. Some parents welcomed the opportunity to have some free time - for example, an expectant mother said it was *"nice"* to have that bit of time on her own before the new baby came along; another mother talked about enjoying being able to go clothes shopping on her own. However, for other parents, in more difficult circumstances, there was a clear emphasis on how much the free provision had made a positive difference to their mental and emotional well being. For example, one parent talked about the relief from not feeling constantly anxious about a child with a learning disability who required a lot of attention because he was constantly putting himself in dangerous situations. A lone mother suffering from depression talked about feeling less guilty about not always giving her child the attention she wanted, as her child was getting a lot of attention and encouragement at the setting. Some parents said they had used the free time to deal with their emotional and mental health problems, for example by going to counselling sessions or doing physical exercise. These parents described the effects of the pilot on their lives in strong terms, for example saying that it had kept them from "*going insane*" or had given them a *"big break"*.

The positive effect on mental health was not only linked to the ability to have a much needed break, but also to the opportunities to socialise and meet new people that the setting provided. In particular, parents who suffered from depression talked about how it was *"good"* for them to go to the setting where they could talk to somebody and described how they had gradually opened up to the people they met and built relationships with them. Getting to know other people and becoming involved in the setting's activities raised their confidence. Some parents were also referred by the setting to relevant services, such as the Family Welfare Association or a mental health organisation. A lone mother with depression talked about what it meant to her to have met people and made friends through the setting:

"we all used to sit and have a cup of tea and stuff and have a little natter and that; but funny enough like, it was never about the children, it was about us ...I didn't wanna be constantly known as [child's name]'s mum, I want me own ID, I want me own, you know, there's [respondent's name] or you know, not there's [child name's]'s mum...I think every woman like likes their own identity and when, when you've had a child you lose a little bit 'cos you're like you're a mum as well then and to claim that identity back, it's sort of like a pat on the back and you're thinking, well I'm still known as [respondent's name] but I'm a mum as well, you know... it's like a bit of a, it's like a little bit of a pause, you're thinking, I am a person and I can get on with people, I'm not just a mum. You know, so it's a little bit of a pick me up".

Finally, parents also said that the free time provided opportunities for personal development. Parents said they had participated in a range of courses, such as IT, English, maths and parenting. Parents either used the time when their child was at the setting to attend training elsewhere, or the courses were available at the pilot setting. It appeared that the take-up of such opportunities was facilitated when they were offered at the setting, as these courses were typically organised to coincide with the childcare sessions. One mother even mentioned a family support worker based at the setting ringing parents before the course to remind them about it and encourage them to attend. Some settings also brought in other services from the outside on an ad-hoc basis - for instance, a lone mother mentioned her contact with an employment service that used to come to the setting. Opportunities for voluntary work at the setting were also reported. Unsurprisingly, these opportunities seemed more likely to be

available at integrated settings such as Children's Centres or, for example, a nursery attached to a Women's Centre. To quote one respondent:

"Because it was the day centre, it was a centre, they had more activities going there, like they had baby massage classes and cooking classes and all that stuff, so when you went to take [child's name] to nursery you, they had a notice there where you could read saying, this class is starting with this, and if you want to join in. I mean, I got more information that way, taking her to that centre, than I ever did before".

9.4.2 Household management

As the survey results showed earlier, the qualitative interviews also showed that the free time parents had as a results of the pilot could help with managing the household. Again, the significance of this benefit varied according to families' circumstances. For example, at one end of the spectrum some mothers talked about food shopping being a bit less stressful because they could do it on their own rather than having to take their child, while at the other extreme was, for example, for a lone mother with one baby, two toddlers and no access to a car, who felt she was not coping. She found that doing the shopping while the toddlers were at the setting (and the older child in the reception class of a nursery school) made this task much more manageable and far less stressful.

Parents mentioned coping better with household chores and other necessary tasks, for example, a hospital appointment with a family member who had a long-term illness. When parents said that the scheme had not made a difference to them in terms of managing the household, they tended to link this to the small number of hours being provided – between arriving back from dropping off their child and having to leave to pick their child up again there was not enough time to really make a difference to them.

Again, for some parents, having free time to manage their household was particularly important. For example for a lone father whose wife had recently passed away and who found himself on his own with two small children. He said it had been a very difficult time for him prior to the pilot place as there were many things he needed to sort out, but he did not have time to deal with them. A lone mother suffering from depression described how the pilot had helped her to feel better because she used the time her very active child was at the setting to renovate the house she lived in with her child, which was previously in a terrible state. For these parents the pilot and the free time it gave them to manage their households gave them a sense of being in control of their lives again.

9.4.3 Family functioning

Some parents talked about the effect of the pilot scheme on the family's ability to fulfil the needs of different family members and the effects they thought the free sessions had had on the whole family.

Parents said that the pilot had helped them to bond better with another child, for instance with a baby, because it had allowed them to focus on this child at a time when the pilot child was demanding a lot of attention. This effect of the pilot was typically mentioned by parents with a disabled child or a child with SEN (the pilot child or another child in the family) who needed a lot of attention. For example, one parent thought that the pilot had allowed the pilot child who had a younger sibling with cerebral palsy to have a space where she mattered first and foremost and that it gave her child a break from having to come along to hospital appointments with her brother all the time which were very boring for her as she did not really understand what was going on. Parents also felt that the pilot had helped reduce jealousy between siblings, as being in formal childcare had made a demanding child calmer, which meant that the parent could divide the attention equally between all children. Some parents

who also had care responsibilities for adults in the family mentioned the positive effects of the pilot on their ability to juggle those responsibilities, for example one respondent talked about being able to wash her father who had dementia and talk to the district nurses at their visits without interference from the children. She thought this was also good for the children as they could get disturbed by being fully exposed to the situation and their grandfather's condition. Some parents felt that the pilot had had an overall positive effect on the whole family, for example in terms of helping the family to re-establish a routine:

"…it give me something to get up every morning. I'd be thinking, oh I've gotta get [child's name] to playgroup and that and it'd actually sort of got into that much of a routine then. I didn't need an alarm clock then. I'd suddenly wake up and go, right, I've gotta get that ready... it was getting me mind working, I'm thinking right, I've gotta be there for a certain time and, you know, getting everything organised...I think I lost a lot of structure but that started getting the structure back".

Another parent talked about the benefits of the pilot for her family who were experiencing a lot of ill health and stress:

"I think at the time all we needed was a bit of space. I think it was just having that… I think it gave everyone, you know, a chance to develop and especially in the situation we found ourselves in it was a lifesaver really!".

In line with the survey results, in the qualitative interviews parents also talked about the significance of the pilot in terms of connecting them and their families to the world outside the family, by providing opportunities to socialise and meet other people. This was particularly the case in settings that provided services for parents, as well as early years education.

As a mother explained:

"It was good, yeah, meeting other parents...because you're interacting, you're listening to other parents' concerns, what they're doing in life, what their kids are doing in life and then you think you're not the only one".

This reported benefit was again very much linked to parents' circumstances, for example being a lone parent, not having close family and friends nearby or having recently come to the UK, and in particular suffering from depression (there also appeared to be a significant amount of overlap between these circumstances). Where the engagement of parents with the setting was very high, this was grounded in the circumstances of parents at the time, for example feeling socially isolated. For some parents this social aspect of the pilot was just *"nice",* for example a mother not in employment with two children whose partner worked full-time welcomed the opportunity to have some adult company. Other parents emphasised it much more, such as one young lone mother who got very involved with the setting and developed a trusting relationship with one member of staff, who said *"we used to do everything together"* and that she was able to talk to this member of staff about *"everything".* This mother had never worked or been separated from her child before the pilot, as her child had refused to stay with anyone else and only her elderly mother, who was very ill, lived nearby.

Positive social effects of the pilot also extend beyond the parents to include the rest of the family. Parents described very positively participating in settings' out of hours provision for families, such as sports days, trips for the whole family such as to animal farms, Christmas outings and similar.

9.5 Child development

In line with the survey results, the qualitative interviews also show that parents were overall very enthusiastic about the positive effects of the setting on their child's development. Unlike previously reported effects, the extent to which a setting was perceived as having had benefits for a child was not really linked to a family's circumstances, but it was much more closely influenced by parents' views of the setting. Parents who reported a range of child development benefits tended to have very positive views of the setting and its staff. Parents who reported few effects or even detrimental effects on their child's development, tended not to have positive experiences of the setting, for example, because they considered the building and equipment not to be suitable to meet their child's SEN, and/or that staff did not have sufficient experience to cater for their child's needs adequately.

Parents described how they thought the pilot had helped their children's development in a number of domains, including socio-emotional development, speech, learning and behaviour, and overall well being; these are discussed in turn in the rest of the section.

9.5.1 Socio-emotional development

Parents reported noticing changes in their children as a result of attending the pilot setting such as that their child became more confident, independent and assertive. Examples included parents who talked about a child getting over his extreme shyness, another child learning to be able to deal with rejection, and an autistic child who learned to interact with other children which he was not able to do prior to attending the setting. One parent, for example, said:

"he knows what's right from wrong now, he'll tell me if I'm shouting, ma you can't shout, you have to say it nicely".

One mother talked about how her child now comes and tells her every little thing she does because she gets so much praise from the setting and now expects to get praised from the parent as well. Another mother talked about how the setting taught her child to put on his jacket by himself (by laying it on the floor first) and how her child started doing the same at home.

Typically, parents mentioned that their children made friends in the setting. One parent told us that her child asked to be in the setting for longer because he wanted to eat lunch with the other children, and that she decided to pay for them to be able to do so even though she could not really afford it. Children learning to share with other children and other rules of social interaction (e.g. not hitting back when hit or looking after things that are not one's own) was also a benefit noted by parents.

The child being more prepared for future formal education or school was a recurring topic. One parent, for example, thought that her child coped a lot better compared with other children with starting nursery school at the age of three in another setting:

"when [child's name] is in [nursery's name] school she's really, really clever. The teachers are so proud of her, she knows how to write her name by herself, she can say the letters... in her name. She knows so much. She interacts with the children, she knows how to share, she knows how to do all sorts because she learnt it all when she was two…when she went into nursery there was no crying, no moaning, she just joined in straightaway".

9.5.2 Language development and social/cultural integration

Positive effects on speech development were reported by parents from different backgrounds but notably and predictably by those whose first language in the home was not English:

"Sometimes I will pronounce some words and she will say 'Mummy you don't say it like that, you say it like this' you know because my accent is different with English people".

Where parents had different cultural backgrounds they also talked about benefits in terms of their children's social and cultural integration, such as the pilot allowing their children to become familiar with the English culture or a number of *"different cultures in the UK"*, or learning the customs of the country:

"..she'd learnt a lot from, from the centre of like maybe eating or drinking and things like that and, you know, having cakes or things or when we went to Christmas you get your crackers and other things she knows, she knows them. That's coming from them you see, so, yeah, there's a lot of difference in her from when she started than when she was at home."

Some parents also mentioned that they felt it had been beneficial for their children to have learned to accept children of other cultures and races, while others talked about the benefits of their children learning to play with children with disabilities.

9.5.3 Learning and behaviour

Parents noted the pilot's effects on their children's learning and behaviour. With regard to learning, typical perceptions were that children *"learned constantly"* through the setting or that children learned *"more and quicker".* Parents talked about their children learning rhymes, songs, colours, shapes, numbers, animals, vocabulary and letters at the settings. Some parents mentioned the setting's equipment as having played a role in learning, for instance the equipment at a SEN setting or the settings giving children access to computers. Some parents talked about how the effects on their children's learning came about as a result of their child having developed *"more patience"* or a longer *"attention span"* through attending the setting.

Parents also talked about improvements in the children's behaviour. Often this was in reference to the children doing things at the setting that they refused to do at home, for example eating fruit and vegetables or engaging in learning activities, but parents also thought that their children's behaviour had improved at home as a result of going to the setting. Examples of this were that a child who had started to say *"you're welcome"* when thanked, a child who had started wanting to give a hand when the parent was doing household chores, and a child who had started asking the parent for permission to do something (e.g. watch TV) at home, rather than just doing it.

9.5.4 Overall well being of children

Parents thought that they had more *"happy"* or *"content"* children as a result of the free provision. They talked about how children were not bored at home anymore and how their children were constantly stimulated instead. For example they reported that their children were able to let off energy in the setting's gardens, play with other children, and keen to talk about what had happened there every day e.g. about the activities or the other children. Parents thought their children had become more *"active", "lively"* or *"alert"* and some parents thought that the settings had changed their children's preferences, for example, they became less likely to want to watch TV and more likely to want to do other things. Parents noticed that their children wanted to go to the setting because they enjoyed it, that they were looking forward to their sessions and were asking to go on the days they were not meant to go as

they had started to expect the routine. Some parents felt that their children's well being had in turn had benefits for them, for example because they felt happy about having been able to secure a *"head start"* for their child, or as a result of witnessing their child getting what he/she *"needs", i.e.* to be with other children. One lone mother who was depressed at the time said:

"you know when you have a bad day and you... feel a bit sorry for yourself, but we're right now 'cos she's sort of, when she come out she was always like dead smiley and bubbly and she was telling me what she'd been doing and it sort of cheered me up and I thought, oh thank God I picked her up".

Some parents thought that the amount of adult attention and interaction their child was getting at the setting had a positive effect on the child as it was not always possible for the parent to give that much attention to them at home. Some parents also talked about benefits arising from the opportunities the pilot gave their children *"copying"* other children, such as their child seeing other children eat fruit and then doing the same, or feeling more driven to learn as a result of seeing what other children can do and wanting to *"compete". A*nother recurring explanation for the positive changes parents thought they saw in their children was simply that the structure and discipline of a formal setting was good for their child, as well as learning rules and behaviour from adults who were not family. For example, parents talked about children not having a choice but to behave in the setting, or that the setting *"wouldn't let [child's name] get away with.."* certain behaviours. Also parents thought that learning things and behaviours was *"more fun"* for the children in the settings than at home because the settings knew how to make it fun for children.

9.6 Summary

Both the survey results and the qualitative findings show that the pilot was very popular with parents and was associated with a range of perceived benefits for children, parents and the family as a whole.

Positive effects on different aspects of a child's development were widely mentioned, with parents noticing many improvements which were directly attributed to attending an early years setting. As discussed in Chapter 3, these benefits also represented the most important factor driving parents' decisions to take-up a pilot place. Negative experiences of the setting were associated with parents being less positive about the effects of the pilot on their child, even reporting in some cases detrimental effects. The findings in this and previous chapters seem to suggest that less positive experiences of the setting and less positive views about its benefits were more likely to be reported by parents with children with SEN or a disability, who did not think the setting and/or staff adequately met their child's specific needs. However, it is important to note that not all parents with children with a disability or SEN had less positive experiences, indeed in some cases staff at the setting were able to advise parents on ways of dealing with a child's disability, learning or behavioural difficulties.

Parents also reported a range of ways in which they believed the setting had positively affected their ability to parent. They felt they had gained a better understanding of their children as individuals and of different child development stages. Some believed that their parenting skills and their relationships with their children had improved during the time their child was in the setting. The ability to provide a more stimulating learning environment at home was also attributed to the experience of using the pilot setting. A recurrent theme in parents' accounts of how the experience of using the setting had affected their ability to parent is that the nature of the effects reported and their significance were closely linked to parents' needs and circumstances. For example, when parents were struggling to deal with their children's behaviour or when children had SEN, the pilot was typically seen as having had a stronger effect on the parents' ability to parent. These findings are in line with the results of the evaluation of the equivalent Scottish initiative targeted at disadvantaged two

year olds which has also shown that the programme contributed to enhancing parenting capacity, provided parents with a better understanding of their child's development, needs and behaviour and how they could support their child's learning at home[85].

The experience of using the pilot setting was perceived to have made a difference to the rest of the family in a number of ways. Parents talked about their physical health improving, as having more free time gave them the opportunity to have a rest and they felt less tired. This was more likely to be mentioned as a significant effect by parents with large young families, particularly if they were bringing up the children alone and/or had no extended family nearby who could provide childcare support. Parents also described a variety of ways in which the pilot had enabled them to improve their mental and emotional well being, for example by giving them time to sort out their problems or opportunities to socialise. Again it was parents in more difficult circumstances, for example suffering from mental health problems, particularly depression, who more strongly emphasised these benefits of the pilot.

Opportunities for self-improvement (e.g. attending courses) were also associated with the pilot, and in some cases these were facilitated by the setting which provided a range of courses to coincide with the early years sessions. Parents also reported that the pilot had helped them to manage various domestic tasks more effectively, with again parents more strongly emphasising this benefit if due to difficult circumstances (e.g. bereavement in the family, mental health problems, physical ill health in the family) they felt they had not been able to cope with these domestic tasks. Parents also talked about the whole family functioning better as they had more time to dedicate to different family members, particularly those who might have required considerable support. When the setting had provided opportunities for parents to socialise and meet other people, this was sometimes seen as having had a positive effect on the whole family, as through the parent, a family who might have been isolated was connected to the outside world.

[85] Woolfson and King, 2008

10 CONCLUSION

In this chapter we summarise the key research findings to address three key questions.

- Was the pilot effectively targeted at the intended beneficiaries?
- What were parents' experiences, views and perceived impacts of the pilot?
- Did the pilot have the intended impact on the children?

Was the pilot effectively targeted?

We saw that there were variations in the criteria local authorities used to define eligibility for the pilot, with some authorities using broad geographic or economic indicators of disadvantage (e.g. living in a very disadvantaged ward, or being a workless or low income household), and others using more specific indicators and focusing on more narrowly-defined groups (e.g. children with SEN, families whose first language is not English, teenage parents, lone parents). The recruitment and outreach strategies local authorities developed also reflected variations in eligibility criteria. Where broad geographic or economic criteria were used to identify potential beneficiaries the emphasis was on publicising the pilot via direct marketing (e.g. letters to eligible families) and indirect marketing (leaflets in Children's Centres and GP surgeries). Authorities with more narrowly-defined eligibility criteria were more likely to have developed outreach strategies involving, for example, professionals who were already working with families targeted by the pilot. The role of these professionals and the outreach work more generally was not simply to raise parents' awareness of the pilot, but to encourage families to take-up the pilot, to support them through the application process and to continue to support these families, if necessary, while their children were at the pilot setting.

The survey results on how families found out about the pilot provide some evidence of the considerable efforts invested in advertising the pilot and in reaching eligible families. While typically most parents obtain information about early years education through word-of-mouth (Kazimirski et al., 2008), most pilot families heard about the pilot from a professional or a childcare setting. The more intensive targeting work adopted by some local authorities is also reflected in the finding that, where more narrow eligibility criteria were used, families were more likely to have been told about the pilot by a professional or childcare setting, and in these areas parents were also more likely to have been supported through the application process. The qualitative findings also show that the more intensive outreach work was typically reported by families with a very high level of disadvantage.

The survey results on the profile of pilot families show that most were considerably more disadvantaged than the general population of families with two year olds: workless and low income households, lone parents, teenage parents, children with SEN or a disability and disabled mothers were all over-represented among pilot families. However, we also found that eight per cent of families reported none of the disadvantages explored by the survey and 17 per cent reported one. Families with no or a low level of disadvantage were more likely to be found in local authorities with broad geographic or economic eligibility criteria.

Evidence that the pilot was not always targeted at the intended beneficiaries is also provided by the survey finding that a quarter of pilot children had attended the pilot setting before the pilot was introduced. Discussions with local authorities indicated that in some cases this was because these were families 'in need' who previously received a few hours of respite childcare, and it was judged that the pilot place would be beneficial to their children as it provided a greater number of hours and longer-term support. However, not all families who

were using the setting before the pilot seemed to fit in this category, particularly as working and higher income families were more likely than others to have used the setting prior to the pilot. It was again in local authorities with broad geographic or economic eligibility criteria that families were more likely to have attended the setting before the pilot was introduced.

The qualitative interviews also give an insight into how well the pilot seemed to be targeted, and the extent to which it fulfilled its function of supporting the most disadvantaged children, who could benefit most from receiving (free) early years education. Predictably, the perceived benefits of early education for a child's development was a dominant influence that had shaped parents' decisions to take up a pilot place. For parents with a relatively low level of disadvantage, child development was the main or even only reason for taking up the pilot place. However, for parents with a high level of need (e.g. because of heavy caring responsibilities, mental health problems, child's behavioural problems), other influences, such as the need for respite care or parenting support, also played an important role in their decision to take up a pilot place.

What are parents' views, experiences and perceived effects of the pilot?

There is considerable evidence showing that the pilot was very popular with parents and was associated with a range of benefits for children, parents and the family as a whole.

Overall, both the survey results and the qualitative findings show that parents' experiences of and views on the pilot setting were typically positive. Only a minority of parents who took part in the survey reported any worries or difficulties while their child attended the setting, and in most cases parents said they could get advice and support in dealing with these. More generally most parents felt they had received good support and help from the pilot setting, and were also happy with the feedback received about their children's development. The area where satisfaction was lowest related to the number of free hours provided by the pilot; many parents would have liked a greater number of hours but were not able to get them, mainly because they could not afford to pay for them.

The qualitative findings provide further evidence of parents' positive views about the setting and its staff, and how important the advice, support and feedback provided could be for them, particularly if they were in difficult circumstances (e.g. having a child with behaviour problems or SEN, struggling to cope due to mental health problems). Positive views were also linked to the fact that settings offered more than just early education, and the availability of additional family services was much valued by parents. As the survey results show, just over half of parents said additional family services were available at the pilot settings. While positive experiences were widespread, they were not universal, with some evidence (particularly from the survey) suggesting that negative experiences and dissatisfaction with the setting might be associated with failure to deal adequately with the needs of children with SEN or a disability.

The benefits of the pilot on children's development were widely reported by parents in the survey and the qualitative interviews. The latter focused on exploring in greater depth the range of impacts the pilot was reported to have not only on children, but on parents and the family as a whole. Some parents believed that the setting had positively affected their ability to parent. They felt they had gained a better understanding of their children as individuals and also of different child development stages. Some believed that their parenting skills and their relationships with their children had improved during the time their child was in the setting. The ability to provide a more stimulating learning environment at home was also attributed to the experience of using the pilot setting. Views on the extent to which the pilot had positively affected parents' ability to parent were linked to families' needs and circumstances. For example, where parents were struggling to deal with their children's behaviour or children had SEN, these effects were typically felt more strongly.

The experience of using the pilot setting was perceived to have had an impact on the family in a number of ways. Parents talked about their physical health improving, as the free time gave them the opportunity to have a rest and they felt less tired and exhausted. This was typically mentioned as a significant effect by parents with large, young families, particularly if they were bringing up the children alone and/or had no extended family nearby who could provide childcare support. Parents also described a variety of ways in which the pilot enabled them to improve their mental and emotional well being (e.g. by giving them time to sort out their problems or opportunities to socialise). Again it was parents in more difficult circumstances, for example those suffering from depression and other mental health problems, who more strongly emphasised these benefits of the pilot.

Opportunities for self-improvement (e.g. attending courses) were also associated with the pilot, and in some cases these were facilitated by the setting which provided a range of courses to coincide with the early years sessions. Parents also reported that the pilot had helped them to manage various domestic tasks more effectively, with parents more strongly emphasising this benefit if due to difficult circumstances (e.g. bereavement in the family, mental health problems) they felt they had not been able to cope with these domestic tasks. Parents also talked about the whole family functioning better as they had more time to dedicate to different family members, particularly those who might have required considerable support (e.g. younger children, a family member with a disability).

Did the pilot have the intended impact?

The formal impact assessment has provided evidence of what would have happened to pilot families in the absence of the pilot, by comparing the pilot families with a matched comparison group of families with a socio-demographic profile very similar to that of the pilot families.

A key aim of the pilot was to increase participation in early years education among the most disadvantaged children. The results of the impact assessment show that 44 per cent of pilot families would not have used early years education if the pilot had not been available. Furthermore, pilot children were found to be more likely than the comparison group to take up the free early education entitlement at age three, but this difference was not statistically significant and should therefore be interpreted with caution. Results on attitudes to using formal childcare also indicate that the pilot had positively affected parents' (mainly mothers') views on formal provision.

The other key aim of the pilot was to improve children's cognitive and social outcomes. Here the findings show that the pilot had a positive impact on children who attended a setting of relatively high quality (i.e. those that achieved a score of at least 4 on the Infant-Toddler Environment Rating Scale (ITERS-R) – see Chapter 7 for further details of the setting quality assessments), but over a third of children did not attend a setting of sufficiently high quality to have a positive impact and therefore the pilot had no overall impact on children's cognitive and social development. These results suggest that if the impact on child development of free early education for disadvantaged two year olds is to be maximised, it is essential that the settings used by families are of a relatively high quality. Analysis of the relationship between child outcomes and Ofsted scores suggests that to ensure a positive impact on disadvantaged two year olds, the provision of free places should be restricted to settings with an Ofsted score of at least 'good'.

In line with the earlier findings which showed that parents believed that the experience of using the pilot had improved their parenting capacity, the formal impact assessment also found that the pilot significantly improved parent-child relationships, but only for those families who were given a free place in a setting, of relatively high quality.

Finally, we also tested whether the relatively low number of hours provided by the pilot (7.5) could explain the absence of an overall impact on child outcomes. Exploring this seemed particularly relevant given that when the pilot is rolled out nationally it will provide 10 hours of free early years education (15 hours in some areas). We found that more hours were not associated with better child outcomes, and therefore (unlike quality) an increase in the level of provision is unlikely to make the pilot more effective in terms of improving child outcomes. However, as noted earlier, this was a key area of improvement identified by parents and might affect other non child related outcomes, such as parental employment and employability.

Conclusion

In conclusion, this evaluation has shown that the Two Year Olds Pilot was reasonably well targeted at intended beneficiaries and local authorities developed a range of marketing and outreach strategies tailored to the needs of different groups. However, there appears to be scope for improving targeting, particularly in local authorities that used broad geographical and economic indicators to define and target potential beneficiaries.

Parents' experiences, views and perceived effects of the pilot were largely positive, not only about the free early education and its positive benefits in terms of child development, but also about the additional services and advice parents received which went beyond early education and where the free offer in practice formed part of a two-generation programme, whose role in encouraging child development has been explored extensively[86]. Very disadvantaged parents were particularly likely to stress the benefits of the pilot in terms of improved parenting capacity and family functioning. Two areas for improvement identified by parents were: an increase in the number of hours of early education and provision that better meets the needs of children with SEN or a disability.

[86] Power (2006)

REFERENCES

Arnett, J. (1989). *Caregivers in day-care centers: Does training matter?* Journal of Applied Developmental Psychology, 10, 541-552.

Bell, A. and Finch, S. (2003) *Sixth Survey of Parents of Three and Four Year Old Children and their Use of Early Years Services*. DfES Research Report No RR525, London: DfES.

Bell, A., Bryson, C., Barnes, M. and O'Shea, R. (2005) *Use of Childcare among Families from Minority Ethnic Backgrounds*. Sure Start Research Report SSU/2005/FR/511, London: DfES.

Brooks-Gunn, J., Duncan, G.J., and Maritato, N. (1997) *'Poor families, poor outcomes: The well being of children and youth'*. In G.J. Duncan and J. Brooks-Gunn (Eds.), C*onsequences of growing up poor* (1-17). New York: Russell Sage Foundation.

Bryson, C., La Valle, I., O'Shea and Barnes, M. (2005) *Use of Childcare among Families with Children who Have Special Educational Needs.* Sure Start Research Report SSU/2005/FR/012, London: DfES.

Cabinet Office (2007) *Reaching Out: Think Family - Analysis and themes from the Families at Risk Review.* London: Social Exclusion Task Force.

Dale, P.S., Dionne, G., Eley, T.C., & Plomin, R. (2000) *Lexical and grammatical development: a behavioural genetic perspective*, Journal of Child Language , 27, 619-642.

DCSF (2007) *Statutory Framework for Early Years Foundation Stage*, Nottingham: DCSF Publications.

DfES (2001) *National Standards for Under 8s Day Care and Childminding*, London: The Stationary Office.

DfES (2003) *Birth to Three Matters*, Nottingham: DfES Publications.

Elliot, C. D., Smith, P., and McCulloch, K. (1996). British ability scales: Second edition (BAS II). Windsor, UK: nferNelson.

Feinstein, L. (2003) 'Inequality in the Early Cognitive Development of British Children in the 1970 Cohort'*, Economica,* 70 (1), 73-97.

Feinstein, L., Duckworth, K., and Sabates, R. (2004) *A model of the inter-generational transmission of educational success.* Wider Benefits of Learning Research Report 10.

Fitzgerald, R., Finch, S., Blake, M., Perry, J. and Bell, A. (2002) *Fifth Survey of Parents of Three and Four Year Old Children and their Use of Early Years Services*. DfES Research Report No RR351, London: DfES.

Furstenburg, F.F.J., Brooks-Gunn, J., and Morgan, S.P. (1987) *'Adolescent mothers and their children in later life'*. Family Planning Perspectives 19(4), 142-151.

Ghate, D. and Hazell, N (2002) *Parenting in Poor Environments: Stress, Support and Coping*. London: Jessica Kingsley Publishers.

Gibbons, J. (1991) *'Children in need and their families: outcomes of referrals to social services.'* British Journal of Social Work, 21, pp: 217-227.

Glascoe, F., (1997) *PEDS Parental Evaluation of Developmental Status*. Ellsworth & Vandermeer Press, LLC: Nashville.

Hansen, K. and Hawkes, D. (2009) *'Early childcare and child development',* Journal of Social Policy, 38 (2), pp 211-239

Harms, T., Clifford, R.M., and Cryer, D. (2005). *Early Childhood Environment Rating Scale, Revised Edition (ECERS-R)*. New York: Teachers College Press.

Harms, T., Cryer, D., and Clifford, R.M. (2003). *Infant Toddler Environment Rating Scale, Revised Edition (ITERS-R)*. New York: Teachers College Press.

Hogan, A.E., Scott, K.G. & Bauer, C.R. (1992). *The Adaptive Social Behavior Inventory (ASBI): A new assessment of social competence in high risk three year olds.* Journal of Psychoeducational Assessment,10, 230-239.

HM Government (2009) *Next Steps for Early Learning and Childcare: Building on the 10-Year Strategy*, Nottingham: DCSF Publications.

HM Treasury (2003) *Every Child Matters*, London: The Stationary Office.

HM Treasury (2004a) *Choice for Parents, the Best Start for Children: a Ten Year Strategy for Childcare*, London: The Stationary Office.

HM Treasury (2004b) *Child Poverty Review*, London: The Stationary Office.
Iacovou, M. and Berthoud, R. (2006) *The economic position of large families*. DWP Research Report 358, Leeds: DWP Publications.

Kazimirski, A., Dickens, S., and White, C. (2008a) *Pilot Scheme for Two Year Old Children: Evaluation of Outreach Approaches.* DCSF Research Report No. DCSF-RR021. Nottingham: DCSF Publications.

Kazimirski, A., Smith, R., Butt, S., Ireland, E., and Lloyd, E. (2008b) *Childcare and Early Years Survey 2007: Parents' Use, Views and Experiences*. DCSF Research Report No. DCSF-RR025. Nottingham: DCSF Publications.

La Valle, I. and Smith, R. (2009) *'Good quality childcare for all? Progress towards universal provision.'* National Institute Economic Review, 2007 (1): pp 75-82.

Love, J.M., Kisker, E.E., Ross, C.M., Schochet, P.Z., Brooks-Gunn, J., Paulsell, D., Boller, K., Constantine, J., Vogel, C., Fuligni, A.S. and Brady-Smith, C. (2002) *Making a Difference in the Lives of Infants and Toddlers and their Families: the Impacts of Early Head Start.* Volume I: Final Technical Report, Princeton, NJ: Mathematica Policy Research Inc.

Lloyd, E. (1997) *The role of the centre in family support.* In C. Cannan and C. Warren (eds) *Social Action with Children and Families: a Community Development Approach to Child and Family Welfare*. London: Routledge, pp 143-161.

Lloyd, E. (2008) *'The interface between childcare, family support and child poverty strategies under New Labour: tensions and contradictions.'* Social Policy and Society, 7 (4): pp 479-494.

Marsh, A. and Vegeris, S. (2004) *The British Lone Parent Cohort and their Children 1991 to 2001.* DWP Research Report 209, Norwich: DWP Publications.

Mathers, S. and Sylva, K. (2007) *National Evaluation of the Neighbourhood Nurseries Initiative: The Relationship between Quality and Children's Behavioural Development,* Sure Start Research Report SSU/2007/FR/022. London: DfES/ Department of Educational Studies University of Oxford.

Mathers, S., Sylva, K. and Joshi, H. (2007) *Quality of Childcare Settings in the Millennium Cohort Study.* DSCF Research report SSU/2008/FR-025. London: DCSF.

Melhuish, E., Sylva, K., Sammons, P., Siraj-Blatchford, I., Taggart, B. and Phan, M. (2008),*'Effects of the Home Learning Environment and preschool center experience upon literacy and numeracy development in early primary school*'. Journal of Social Issues, 64, 157-188.

NAO (2006) *Sure Start Children's Centres*, London: NAO.

National Evaluation of Sure Start Team (2008) *The Impact of Sure Start Local Programmes on Three Year Olds and their Families*. Research Report NESS/2008/027. London: DCSF

Ofsted (2008) *Early Years - Leading to Excellence*. London: Ofsted

Page, J. and Whiting, G. (2007) *Engaging Effectively with Black and Minority Ethnic Parents in Children's and Parental Services.* Research Report DCSF-RR013. London: DCSF.

Pianta, R. C. (1995). *Child-Parent Relationship Scale*. Unpublished measure, University of Virginia, Charlottesville, VA

Power, D. R. (2006) *Families and early childhood interventions*, in: W.Damon, R.M. Lerner, K.A. Renninger and I.E. Siger (Eds), Handbook of Child Psychology, Volume IV, Child Psychology in Practice, 6th Edition New York: Wiley and Sons. pp 549 – 586

QCA and DfES (2000) *Curriculum Guidance for the Foundation Stage*, London: QCA.

Roy, P., Kersley, H., and Law, J. (2005) *The Sure Start Language Measure Standardisation Study*. http://www.surestart.gov.uk/_doc/P0001797.pdf

Smith, R., Speight, S. and La Valle (2009) *Fitting it all together: How families arrange their childcare and the influence on children's home learning*. DCSF Research Report No. DCSF-RR090.

Smith, T. (1996) *Family Centres & Bringing up Young Children*, London: HMSO.

Statham, J. (2000) *Outcomes and Effectiveness of Family Support Services: a Research Review.* London: Institute of Education, University of London. Issues in Practice Series.

Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004) *The effective provision of pre-school education (EPPE) project: final report: A longitudinal study funded by the DfES 1997-2004*, London: DfES/Institute of Education, University of London.

Thornton, A. and Dalziel, D. (2009) *Sure Start Children's Centres Survey of Parents*. Research Report No DCSF-RR083, London: DCSF.

Tunstill, J. and Allnock, D. (2007) *Sure Start Local Programmes: an overview of the implementation task.* In: J. Belsky, J. Barnes and E. Melhuish (eds) *The national Evaluation of Sure Start: Does Area-based Early Intervention Work?* Bristol: The Policy Press; pp: 79-96.

Woolfson, L. and King, J. (2008) *Evaluation of the Extended Pre-School Provision for Vulnerable Two Year Olds Pilot Programme*. Edinburgh: The Scottish Government www.scotland.gov.uk/Publications/2008/12/16111725/0.

APPENDIX A IMPACT STUDY TECHNICAL APPENDIX

A.1 Impact design

The impact study made use of a before-after design, focusing on those who took up pilot places and a comparison group comprised of similar families who lived in disadvantaged areas where the pilot was not available. The before-after approach was used in order to minimise bias from self selection into the pilots. Through collecting 'baseline' information about families before (or as soon as possible after) they took up the place, and a similar set of baseline measures from comparison families we were able to match the two groups of families together using propensity score matching (see section A.6 for more details). This in turn allowed us to produce what should be close to unbiased estimates of impact on outcomes collected once children had finished accessing the place.

A.2 Questionnaire development

The main impact evaluation question addressed was whether the pilots improved children's social and cognitive outcomes. Additional aims were to have a positive impact on parents and the wider family. The outline content of the baseline and follow-up questionnaires can be found in Table A.1[87].

[87] The full questionnaires are available on request.

Table A.1 Questionnaire content

	Baseline (2007)	Follow-up (2008)
Module A	• Demographic information on household members	• Demographic information on household members • Employment status
Module B	• PILOT - Perceptions of outreach e.g. how they heard about the place, clarity of information • PILOT - Understanding of eligibility criteria • PILOT - Application process • PILOT - Experiences of using the free place e.g. hours they attend	• PILOT- Continuation at the free place vs drop out • PILOT - Experiences of using the free place e.g. hours they attend • PILOT - Changes in use of the free place • PILOT - Perceptions of advantages and disadvantages of the place • PILOT O - Support and feedback received from the free place
Module C	• PILOT - Perceptions of advantages and disadvantages of the place • Past use of formal and informal childcare • Current use of formal and informal childcare • PILOT - Thoughts on what they would have done in terms of childcare if they hadn't been offered the pilot place	• Use of childcare over the last year • Changes in use of childcare • Use of the three and four year olds early education offer
Module D	• Attitudes towards combining work and childcare • COMPARISON - Perceptions of advantages and disadvantages of childcare • COMPARISON - Reasons for not using childcare • COMPARISON - Intentions to use childcare • COMPARISON - Whether would have used a pilot place if they had been offered it	• Attitudes towards combining work and childcare • COMPARISON - Perceptions of advantages and disadvantages of childcare
Module E	• Home learning environment • Children's SEN • Adaptive Social Behaviour Inventory • Sure Start Language Measure	• Home learning environment • Pianta Child-Parent Relationship Scale • Children's SEN • Children's use of other languages
Module F	• Children's longstanding illnesses and disabilities • Use of other languages • Qualifications • Employment details • Income • Tenure	• Children's longstanding illnesses and disabilities • Qualifications • Employment details • Income • Tenure • Changes in training and employment • Impact of the pilot on family life
Module G	• Collection of provider details • Follow up information	• Consent for data linkage to National Pupil Database • Follow up information

The interviews were conducted face-to-face on a laptop computer, using computer-assisted personal interviewing (CAPI), programmed using Blaise. Aids to interviewing consisted of a set of showcards, a paper self-completion questionnaire, and the British Ability Scales (BAS) assessment packs.

A.2.1 Testing

Cognitive testing and a dress rehearsal were undertaken for both the baseline and the follow-up questionnaires. The cognitive testing ensured that questions were appropriate for the sample and that respondents were able to answer the questions in the way that we intended. The dress rehearsals formed a second test of the questions but also tested the CAPI program and the survey implementation procedures that were planned for the main stage fieldwork.

Baseline

The cognitive testing was undertaken with a small number of pilot families who took up the free place in September 2006 so that we did not unnecessarily deplete the pool of respondents for the main stage survey (which focused on families who took up the place in January or April 2007). The questions tested were those on take-up of the free place, parents' perceptions of the advantages and disadvantages of using the free place and their attitudes towards combining work and childcare. Interviewers working on the cognitive testing were briefed and debriefed by members of the research team. Where questions were found to be problematic, appropriate revisions were made prior to the dress rehearsal.

The dress rehearsal took place between 16th and 28th November 2006 with 39 families. The median interview length was 33 minutes for comparison parents (ranging from 16 - 64 minutes), and 42 minutes for user parents (ranging from 27 - 69 minutes). As for the cognitive testing, the sample was comprised of families who took up the free place in September 2006 but also included a number of parents who had not taken up the free place. The parents who had not taken up the free place were recruited through snowballing from the pilot families[88]. Interviewers working on the dress rehearsal were briefed and debriefed by members of the research team, and the data from the interviews was checked by the research team. Where problems were found with the questions or the CAPI program, these were resolved prior to the main stage fieldwork.

Follow-up

As at the baseline, the cognitive testing was undertaken with a small number of pilot families who took up the free place in September 2006 (these people were not the same as those who participated in the cognitive pilot for the baseline interview). The questions tested were those on: parents' experiences of stopping using the free place (particularly if they had chosen to stop early), their perceptions about the advantages and disadvantages of using the free place, the nature of the support parents had received and the information they received about how their child had been getting on, their perceptions of the impacts of the pilot on their family lives, and their intentions regarding transition to three and four year olds provision. Interviewers working on the cognitive testing were briefed and debriefed by members of the research team. Where questions were found to be problematic, appropriate revisions were made prior to the dress rehearsal.

[88] Unfortunately the snowballing recruitment yielded fewer comparison families than ideal (eight of the 39) but because many of the questions applied to both the pilot and comparison groups this was not a cause for concern.

The dress rehearsal took place between 8th and 20th November 2007 with 26 families. The median interview length was 53 minutes (ranging from 30 - 79 minutes)[89]. In order to test the follow-up questionnaire properly, the sample comprised parents who had taken part in the dress rehearsal of the baseline questionnaire. Interviewers working on the dress rehearsal were briefed and debriefed by members of the research team, and the data from the interviews was checked by the research team. Where problems were found with the questions or the CAPI program, these were resolved prior to the main stage fieldwork.

A.3 Sampling

A.3.1 Pilot sample

The pilot started in April 2006 but since the evaluation began in Autumn 2006 only the January 2007 and April 2007 cohorts of children were included in the impact assessment. The evaluation focused on children who received three terms of childcare provision[90] and in order for them to do this before the start of the three and four year olds early years education offer, their dates of birth needed to be in the following age range:

1st cohort (January 2007): DOB = 1st September 2004 - 31st December 2004

2nd cohort (April 2007): DOB = 1st January 2005 - 31st March 2005

Since the mapping interviews revealed that most local authorities collected a range of information about the parents and children who had been allocated places in their area, they were asked to collect the pilot sample on our behalf. They sent each pilot parent an opt-out letter, either when the parent was allocated a place or a few months before the start of fieldwork, depending on which method worked best alongside their existing systems. The opt-out letter gave parents the opportunity to say that they did not want to take part by writing to the pilot co-ordinator within the local authority or to call a free phone number operated by NatCen (the opt-out rate was 1.5 per cent). Having identified which parents had opted out, the local authorities then transferred parents' contact details onto an electronic pro forma that we had provided to ensure that they passed on all the relevant details.

Local authorities were asked to send parents' contact details one month before the scheduled start of fieldwork. However, for both the 1st and 2nd cohorts of children, local authorities found that parents were being recruited more slowly than anticipated. This meant that the deadline for our receipt of the contact details needed to be delayed a number of times in order to maximise the size of the sample we were able to issue. Ultimately, additional sample for the 2nd cohort was issued twice during fieldwork to try and make up the shortfall in the issued sample.

In total the local authorities provided 2,186 addresses and the sample size ranged from six people in the smaller authorities to 247 in the larger authorities.

[89] We do not have separate estimates for the pilot and comparison groups because of the small number of comparison parents interviewed. However there was no evidence that the medians would differ to any great extent.

[90] Although the pilot later accommodated children receiving two terms of provision it was felt that given the size of the evaluation it was not feasible to evaluate the impact of two terms and three terms of provision.

A.3.2 Comparison sample

For the baseline interviews the sample was drawn from Child Benefit records held by the Department for Work and Pensions (DWP) on behalf of HM Revenue and Customs (HMRC). To give a valid comparison to the pilot sample, the comparison sample consisted of parents of children who had just turned two and who lived in postcode sectors in relatively deprived areas or sectors with a higher than average percentage of minority ethnic groups.

Fieldwork was conducted in three waves. The dates of fieldwork and the ages of the children interviewed at each time are as follows:

1st stage (March 2007): DOB = 1st December 2004 - 28th February 2005

2nd stage (June 2007): DOB = 1st March 2005 - 31st May 2005

3rd stage (November 2007)[91]: DOB = 1st June 2005 - 31st August 2005

The selection of the sample was undertaken by NatCen and DWP, in two stages. The first was the selection of 75 postcode sectors. These were selected with probability proportional to the number of Child Benefit recipients with children of the appropriate age (solely from sectors that were relatively deprived or had a high population percentage of minority ethnic groups). The second stage was the random selection of Child Benefit recipients from within those postcode sectors (in total - 39 parents per postcode sector).

Finally, parents were sent an opt-out letter one month prior to fieldwork and were able to opt-out of the evaluation by writing to a freepost address or calling a free phone number to inform NatCen of their decision. The opt-out rate was five per cent.

The follow-up interviews were conducted with parents who completed all elements of the baseline interview and agreed to be re-contacted.

A.4 Survey implementation

A.4.1 Contacting respondents

Baseline interviews

All interviews were conducted by NatCen interviewers. Since the sample was provided by local authorities or drawn from Child Benefit records interviewers had contact details for named individuals. The named person from the sample was the person listed as the recipient of Child Benefit in that household, and in most cases this was the mother. However, it was not necessarily the same person who was interviewed. To be eligible for interview the respondent needed to be the parent or guardian of the selected two year old child.

Since pilot parents may have received their opt-out letter a few months before the start of fieldwork, advance letters were sent to these parents by the interviewers, a few days before they intended to try and make contact. In contrast, comparison group parents would have received the opt-out letter only one month before fieldwork and were therefore not sent an advance letter. However, interviewers were supplied with similar letters that they were able to give to parents on the doorstep if this proved necessary.

[91] Note that this stage of fieldwork was originally due to be conducted in September but since some pilot children started their places late they had been interviewed when the child was a little older than 2 and 3 months. Therefore the 3rd stage of comparison fieldwork was postponed to ensure that some of the comparison children were of a similar age at the time of the first interview.

During fieldwork interviewers followed a procedure for tracing those who had moved house since the Child Benefit records were last updated. When interviewers were able to establish their new address, they were instructed to follow-up at the new address as long as it was local to them. Where respondents had moved out of the area the case was allocated to another interviewer where possible.

If the nominated respondent did not speak English well enough to complete the interview, then interviewers could use another household member to assist as an interpreter. If using a family member as an interpreter was not possible there was an unsuccessful outcome code for the interview.

Keeping in touch

Since the follow-up interviews were extremely important for the evaluation we contacted parents between the baseline and follow-up interviews in order to try and 'keep in touch' with the respondents. To do so we sent parents a leaflet eight months after their initial interview to thank them again for having taken part, provide them with some early findings, ask them to let us know if they had moved house or were intending to do so, and inform them that we'd be starting the next stage of fieldwork in approximately four months' time. A freepost address, free phone number and e-mail address were provided for them to contact NatCen if they wished.

Follow-up interviews

The follow-up interviews were conducted with parents who completed all elements of the baseline interview and agreed to be re-contacted. As such there was no opt-out letter prior to the follow-up interviews. Instead both the pilot parents and the comparison group parents were sent an advance letter by the interviewers a few days before they intended to try and make contact. These letters reminded parents about the study and let them know that an interviewer would shortly try to get in touch with them.

As at the baseline, during fieldwork interviewers followed a procedure for tracing those who had moved house since the Child Benefit records were last updated. Interviewers were asked to make attempts to identify the two year old child's new address; since stable contact details had been collected as part of the baseline interview, they had more information at this stage to help them achieve this. When interviewers were able to establish a new address, they were instructed to follow-up at the new address as long as it was local to them. Where respondents had moved out of the area, the case was allocated to another interviewer where possible.

If the nominated respondent did not speak English well enough to complete the interview, then interviewers could use another household member to assist as an interpreter. However, this was not the case for the child assessments which were not undertaken if the child did not speak adequate English. As at baseline, if using a family member as an interpreter was not possible there was an unsuccessful outcome code for the interview.

A.4.2 Briefing

Baseline interviews

All interviewers attended a full-day briefing on the project before starting fieldwork, led by the NatCen research team. Interviewers also had comprehensive project instructions covering all aspects of the briefing.

Briefing sessions provided an introduction to the study and its aims, an explanation of the sample and contact procedures, and a dummy interview exercise designed to familiarise interviewers with the questions and flow of the questionnaire. The day also included a session on conducting research with parents, focusing on issues of sensitivity, practicalities and dealing with requests for information.

Follow-up interviews

The briefings prior to the follow-up interviews were similar in structure to those conducted prior to the baseline interviews. However, the follow-up briefings also provided thorough instructions to the interviewers on the use of the British Ability Scales. These sessions emphasised the importance of conducting the assessments in appropriate circumstances and in a standard manner. They included a video demonstration of the assessments being conducted and required the interviewers to participate in a practise session.

A.4.3 Fieldwork

Baseline interviews

The pilot interviews were conducted in two waves - the first from January 2007 to March 2007 and the second from April 2007 to June 2007. The total interview length (including both the CAPI interview and the paper self-completion questionnaire) was 40 minutes on average.

The comparison interviews were conducted in three waves - the first from March 2007 to April 2007, the second from June 2007 to July 2007, and the third from November 2007 to December 2007. The total interview length of the comparison parent interviews was a little shorter than the pilot parent interviews, being 34 minutes on average.

Follow-up interviews

At the follow-up, the pilot interviews were again conducted in two waves - the first from January 2008 to February 2008 and the second from April 2008 to June 2008. The total interview length (including the CAPI interview, the paper self-completion questionnaire, and the BAS assessments) was 42 minutes on average.

The comparison interviews were again conducted in three waves - the first from March 2008 to April 2008, the second from June 2008 to July 2008, and the third from October 2008 to November 2008. The total interview length was 40 minutes on average.

A.4.4 Response

Baseline interviews

The pilot opt-out rate was 1.5 per cent, which meant that the details of 2,186 eligible parents were passed on by the local authorities and issued for interview. The eligibility rate for the issued sample was 81 per cent largely due to the inclusion of a substantial number of parents who had ultimately not taken up the pilot place. Therefore we finally achieved 1,400 productive interviews from the pilot sample, which equates to an overall response rate of 80 per cent.

Within the comparison sample five per cent of parents opted out meaning that the issued sample was 2,872. The eligibility rate for this sample was higher at 96 per cent but the contact and co-operation rates were lower than for the pilot sample meaning that the overall response rate was lower at 66 per cent (this equates to 1,821 productive interviews).

Follow-up interviews

Unsurprisingly the eligibility rate was high at the follow-up (98 per cent) so from 1,386 issued cases we achieved 1,116 productive interviews meaning that the overall response rate was 82 per cent.

The eligibility rate for the comparison group was equally high (99 per cent) so from 1748 issued cases we achieved 1,376 productive interviews meaning that the overall response rate was 80 per cent.

See Table A.2 and Table A.3 for further details regarding the response rates for the pilot impact assessment.

Table A.2 Pilot evaluation fieldwork outcomes

Base: All parents approached to take part in the pilot evaluation

	Baseline (2007)				Follow-up (2008)			
	Pilot		Comparison		Pilot		Comparison	
	N	%	N	%	N	%	N	%
Number of issued addresses	2186	-	2872	-	1386	-	1748	-
Interview	1400	64	1821	63	1116	81	1376	79
- full (including self-completion only)	*1385*	*63*	*1793*	*62*	*1025*	*74*	*1266*	*72*
- full (including BAS only)	*N/A*	*N/A*	*N/A*	*N/A*	*11*	*1*	*10*	*1*
- full (including self-completion & BAS)	*N/A*	*N/A*	*N/A*	*N/A*	*69*	*5*	*88*	*5*
- full (not including self-completion or BAS)	*11*	*1*	*27*	*1*	*8*	*1*	*6*	*0*
- partial	*4*	+	*1*	+	*3*	+	*6*	*0*
No Contact	16	1	64	2	11	1	27	2
Refusal	142	6	361	13	89	6	165	9
- by respondent	*72*	*3*	*212*	*7*	*37*	*3*	*91*	*5*
- by proxy	*8*	+	*18*	*1*	*5*	+	*2*	*0*
- broken appointment	*62*	*3*	*131*	*5*	*47*	*3*	*72*	*4*
Other Non Response	23	1	62	2	14	1	37	2
- ill/ away during fieldwork	*8*	+	*30*	*1*	*10*	*1*	*24*	*1*
- physically/ mentally unable	*1*	+	*2*	+	*1*	+	*1*	*0*
- language difficulties	*10*	+	*21*	*1*	*0*	*0*	*2*	*0*
- other non response	*4*	+	*9*	+	*3*	+	*10*	*1*
Unknown Eligibility	180	8	441	15	131	9	119	7
- contacted	*19*	*1*	*18*	*1*	*4*	+	*4*	*0*
- not contacted	*77*	*4*	*136*	*5*	*39*	*3*	*26*	*1*
- mover	*84*	*4*	*287*	*10*	*88*	*6*	*89*	*5*
Ineligible	425	19	123	4	25	2	24	1
- ineligible address	*50*	*2*	*76*	*3*	*25*	*2*	*23*	*1*
- ineligible respondent	*16*	*1*	*32*	*1*	*0*	*0*	*0*	*0*
- ineligible child	*328*	*15*	*6*	+	*0*	*0*	*1*	*0*
- other ineligible	*31*	*1*	*9*	+	*0*	*0*	*0*	*0*

Table A.3 Pilot evaluation response rates

Base: All parents approached to take part in the pilot evaluation

	Baseline (2007)		Follow-up (2008)	
	Pilot	Comparison	Pilot	Comparison
	%	%	%	%
Overall response rate	80	66	82	80
Full response rate	79	66	82	79
Co-operation rate	88	81	91	87
Contact rate	90	82	90	92
Refusal rate	8	13	7	10
Eligibility rate	81	96	98	99

A.5 Coding and editing

CAPI

The CAPI program ensures that the correct routing is followed throughout the questionnaire and applies range and consistency error checks. These checks allow interviewers to clarify and query any data discrepancies directly with the respondent and were used extensively in the questionnaire.

Following briefings by the NatCen research team, the data was coded by a team of coders under the management of the NatCen Operations team, using a second version of the CAPI program which codes for 'other specify' questions and open answers ('other specify' questions are used when respondents volunteered an alternative response to the pre-coded choice offered to them). These questions were back-coded to the original list of pre-coded responses where possible (using a new set of variables rather than overwriting interviewer coding). Notes made by interviewers during interviews were also examined and the data amended if appropriate, ensuring high quality data. Queries and difficulties that could not be resolved by the coder or the team were referred to researchers for resolution.

Where a respondent gave details of current or recent spells of employment this information was coded to be consistent with Standard Occupational classifications - SOC (2000) - and was classified to a major group.

Once the dataset was clean, the analysis file of question-based and derived variables was set up in SPSS and all questions and answer codes labelled. Likewise, the tables used in analysis were generated in SPSS v15 and significance testing was undertaken either in SPSS v15 or using the survey commands in STATA v10.

Self-completion questionnaire

An edit was also undertaken on the final postal screen data to ensure that respondents' answers fell within an appropriate range, and were as complete as possible. Where it was not possible to determine a realistic or complete response, the information was recorded as missing.

Coding was also undertaken on the self-completion questionnaire for Question One which was based on the Sure Start Language Measure (SSLM)[92]. For this measure parents were asked to record which of 100 words their child could say (in English). There were three response options: a) yes the child says that exactly; b) yes they say something similar; or c) no. Where children said something similar to the target word parents were asked to record what the similar word was. Therefore, coding was required to determine whether the alternative word was an acceptable or unacceptable alternative to the target word. The coders were briefed that the SSLM is a measure of specific vocabulary and language skills rather than whether children can communicate messages using noises or signs. The instructions they were given were as follows:

General Rules

- Do not accept sound effects. For instance, if the target word is dog - do not accept woof, bark etc, or if the target word is car - do not accept brmm (but these are acceptable in reverse i.e. if they say the name of the animal instead of the sound the animal makes).

- Do not accept non-verbal actions. For instance, if the target word is no - do not accept “shakes head”, or if the target word is happy - do not accept “claps and smiles”.

- Do not accept opposites. For instance, if the target word is hot - do not accept cold.

- If the child can say the full word but is unable to pronounce it properly then this should be accepted. To judge this, please decide whether or not you (not the child’s parent) would understand the word if you heard the child say it in context - in practice this will usually be missing off the first / last consonant / sound. For instance, if the target word is fish - please accept tish, ish, fesh, etc.

- If an animal has a ‘y’ or ‘ie’ on the end, this should be accepted. For instance, if the target word is duck - please accept ducky and duckie.

- If ‘ing’ has been added to a verb, this should be accepted. For instance, if the target is pour - please accept pouring.

- If they say more than just the word that is fine, e.g. instead of ball - football; book - story book; ear - ear hole, as long as it isn’t then a different thing e.g. ear - earring.

[92] Roy et al. (2005).

Specific Examples

	TARGET	SSLM ACCEPATBLE ALTERNATIVE	
		Yes	**No**
1016	Baa baa	Sheep; Baa	
1017	Meow	Cat	Cow
1018	Woof woof	Bow wow; Dog; Woof; bark	
1019	Ouch/ow	Sore; Hurt	Oh bother; Poorly: Ah
1020	Uh-oh/oh dear	Oh no; Whoops; Oh God!; For God's Sake; Oh gosh; Oh sugar	Upsadaisy; Oopsy
1021	Bear	Teddy bear	Teddy
1022	Bird	Birdie	Dickie; Chicken
1023	Cat	Puss(y); kitty; Catty	Meow
1024	Dog	Doggie	Woof woof; Cat
1025	Duck	Ducky	Quack; Bird; Animal; Duckling; Name of type of duck
1026	Horse	Horsie; Pony; Stallion; Mare	Neigh; Donkey; Bobo; Popo; Animal; Foal; Name of type of horse; Gee gee
1027	Aeroplane	Plane	Copter
1028	Boat	Ship	Car
1029	Car	Tar	Brmm Brmm
1030	Ball	Football	
1031	Book	Textbook; Storybook	Story; Paper; Album; Magazine; Comic
1032	Game		Play; Name of type of game; Toys
1033	Sandwich	Butty; Sarny	Bread; Butt butt; Toast
1034	Fish	Tish; Fishy; Name of type of fish e.g. Trout	Animal; Swims
1035	Sauce	Red sauce	Dip dip; Gravy; Saucey; Juice; Ketchup; Mayonnaise
1036	Cream cracker	Cracker; Biscuit; Biccy	Rice cake; Bic Bic
1037	Meat		Ham; Chicken; Name of meat; Bone; Food; Dinner
1038	Peas		Veg; Carrots
1039	Juice		Name of drink; Drink; Pop
1040	Milk		Bottle; Milky; Juice; Drink
1041	Hat		Cap
1042	Necklace		Neck; Chain; Pretty; Beads; Lace; Bracelet
1043	Shoe	Boot; Trainer	Leather
1044	Sock		
1045	Chin		Face
1046	Ear	Earhole	Earring; Nose
1047	Hand		
1048	Leg	Beg	Knees; Feet
1049	Pillow	Cushion	Bed; Sleep
1050	Comb		Brush; Hair
1051	Lamp/torch	Bedside lamp	Light; Hot
1052	Rubbish	Garbage	Rubbishy; Dirty; Mess; Bin; Yuck
1053	Tray		
1054	Plate	Dish	Bowl; Tea
1055	Towel		
1056	Bed		Cot
1057	Bedroom		Room; Bed; Sleep; Nite nite; Upstairs
1058	Settee/sofa	Couch	Chair; Seat; Sit down
1059	Oven/ cooker		Cooking Hot: Burn; Microwave; Gas; Cook; Fire; Food
1060	Stairs		Up; Steps
1061	Flag		Kite; Wave
1062	Rain	Raining	Water; Wet

1063	Star		Twinkle; Moon
1064	Swing		Slide; See saw
1065	School	Shool; Nursery; Playgroup; Cool	Play; Boys and girls
1066	Sky		Night
1067	Zoo		Animals; Farm; Park
1068	Friend		Mate; Kids; Names; Buddy; Little boy/girl; Baby
1069	Mummy/ mum	Mam(my); Dad(dy)	
1070	Person		People(s); Body; Boy/Girl; Name; Man/Lady; Him/Her; Mr/Mrs
1071	Bye/bye bye	Seeya; Tata; Goodbye; Toodle loo	
1072	Hi/hello	Hiya	
1073	Thank you	Ta; Cheers; Thanks	
1074	No		(shake of head)
1075	Shopping		Shops; Name; Town; Buy; Out
1076	Chase	Chasing	Come and get me; Run; Catch me
1077	Carry		Pick up; Hold it; Cuddle
1078	Pour	Pouring	Tip
1079	Finish	Finished; All done; Stop; End; That's it	No; More; Enough; All gone
1080	Fit		Fix
1081	Hug/cuddle	Huggle; Cudcud; Cuggle; Cug; Huddle	Squeeze; Love; Aah; Snuggle; Kiss
1082	Listen	Hark	Shh; Talk; Hear; Ears; Look
1083	Like		Love; Nice
1084	Pretend	Tend	Play
1085	Rip/tear	Tore; Ripped	Broke; Down; Oh no; Cut
1086	Shake		Wiggle; Wobble
1087	Taste		Yum Yum; Like; Eat; Try; Nice; Sweet
1088	Think	Tink; Ink	Know
1089	Wish		Want
1090	Gentle	Gently	Ahh; Soft(ly); Careful; Nicely; Steady; Slowly
1091	All gone	Finished	All done; Gone; No more
1092	Cold	Freezing	
1093	Fast	Faster; Quickly	Quick; (sound effect); Crash; Run; Go go go
1094	Happy		(claps, smiles); Be smiling; Nice; Fun
1095	Hot	Burning; Warm	Cold
1096	Last		First; All gone; End
1097	Tiny	Teenie	Wee; Little; Small
1098	Wet		Water; Soaking
1099	After		Later; Then; Next
1100	Day	Today	
1101	Tonight		Night; Goodnight; Nite nite; Later; Dark; Night time; After
1102	Them	Dem	Their/There; They; You
1103	This	Dis	
1104	Our		Mine; Names; Your; My
1105	Us		We; Mine; Me and You
1106	Where		What
1107	Beside		Next to; At side; Side; Here; By the
1108	Down		Get down; Fell down
1109	Under		
1110	All		
1111	Much		More; Loads; Lots
1112	Could		Can't; Can; May
1113	Need to		Want; Need; Need it
1114	Would		Can; Will
1115	If		Is

A.6 Analysis

A.6.1 Propensity score matching

In order to ensure that the user and comparison samples were as similar as possible at baseline, matching methods were used to remove any observed differences between the samples. The matching approach used was 'propensity score matching', a method that allows for multiple variables to be matched concurrently. Essentially the difference between the two samples is modelled (using in this instance logistic regression modelling, and with all the baseline characteristics being predictors) and the modelled probability (or propensity) of being in the user group is recorded per person. User individuals are then matched to the comparison group individuals in such a way that the two matched samples have equivalent propensity score profiles. This matching can be done in a number of ways, but the default is 'kernal matching' whereby each user is matched to a weighted distribution of comparison group individuals, the weighting per comparison group individual being determined by the difference between their propensity score and the user's propensity score[93].

A wide range of baseline variables were included in the logistic regression model to generate the propensity score that was used for matching the user group to the comparison group . Variables relating to the cognitive and social ability of the children were all entered into the model and all other variables were entered stepwise, meaning that they were included in the model when there were differences between the characteristics of the user group and comparison group in that regard. The baseline variables included in the logistic regression model included:

Cognitive and Social Behaviour variables

- Size of English vocabulary
- Size of vocabulary in another language
- Level of parental concern about how child talks in words or sentences
- Level of parental concern about how child understands what the parent says
- Level of parental concern about how the child is learning and growing up
- Whether child had started to put words together yet
- Relative score on pro-social behaviour
- Relative score on anti-social behaviour
- Relative score on confidence
- Relative score on compliance
- Relative score on anxiety

Other variables

- Use of formal and informal childcare from age 0 - age 1
- Use of formal and informal childcare from age 1 - age 2
- Intensity of the home learning environment
- Regularity of bed times
- Regularity of meal times
- Regularity of family meals
- Degree of TV watching
- Activity on child's birthday
- Frequency of visits to or by friends with children
- Frequency of attendance at parent and child groups

[93] Comparison group members with a similar propensity score to the pilot individual are given a large weight, and vice versa.

- Number of children in the household
- Family type (couple / lone parent)
- Family work status
- Maternal work status
- Family socio-economic status
- Respondent's qualification level
- Teenage parenthood
- Father's longstanding illness or disability
- Mother's longstanding illness or disability
- Age of child at baseline
- Age of child at follow up
- Whether child speaks English as an additional language
- Whether child has SEN
- Whether child has a longstanding illness or disability
- Whether receives Job Seekers Allowance
- Whether receives Income Support
- Whether receives housing benefit/ council tax benefit
- Whether receives sickness and disability benefit
- Household income
- Tenure
- Population density (as an identifier of urban and rural areas)
- Area deprivation (and its components)
- Area ethnic profile (black and asian)
- Area profile of lone parenthood

A.6.2 Adaptive Social Behaviour Inventory

The Adaptive Social Behaviour Inventory (ASBI) is an instrument based on 30 questions, developed to assess multiple dimensions of social competence in young children. In this study, mothers (and in some instances fathers) rated their children and as such, in a number of cases some data was missing. In order to have a measure for social competence of as many young children as possible, where at least half of the questions had been answered, the sample mean was imputed as an estimate for the value of the missing data.

The data was then factor analysed with varimax rotation. This (in line with other research) identified five underlying factors which we labelled 'pro-social behaviour', 'anti-social behaviour', 'confidence', 'compliance' and 'anxiety'. The resultant factor scores were used as the measures of social competence reported in Chapter 8.

APPENDIX B QUALITY APPENDIX

Quality of provision is often measured through observation using scales such as the Infant-Toddler Environment Rating Scale (ITERS-R) or the Early Childhood Environment Rating Scale (ECERS-R). Whilst it was possible to do this for some settings in this study, the large number of settings offering the pilot meant that it was not possible to *observe* the quality of every setting. As such, the setting profile element of this study involved:

1) Collecting information on setting characteristics from all the settings used by pilot children in the impact study;

2) Selecting 75 settings to follow up for observation;

3) Running a regression model on the 75 settings that we had observed to explore how the setting characteristics related to quality;

4) Applying the regression model of quality to the settings that we were not able to observe.

B.1 Setting characteristics

To collect the setting characteristic information, at the end of the baseline interviews we asked parents whose children were taking part in the pilot for the name and address of their pilot setting, with a view to contacting these settings with a short self completion questionnaire. Eighty six per cent of parents agreed to provide these details.

Where the contact details that parents provided us with were incomplete, we were able to look up some of their address from administrative records held by the DCSF. Since more than one parent could use the same setting, and we did not want to contact the same provider more than once, the next step was to de-duplicate the list of settings, providing each with a unique serial number. Each of these settings was then sent a short self completion questionnaire with a covering letter addressed to the centre manager that explained a bit about the study, and the task we were asking them to do (in addition all the childcare providers should have been aware of the evaluation because their local authorities had been asked to notify the settings about the evaluation).

Self completion questionnaires were posted to the settings used by the first cohort of pilot children in March 2007 and settings that did not respond were chased by telephone during April 2007. The settings that were contacted by telephone were asked either to return the questionnaire within the next couple of days, or to complete the questionnaire over the telephone. The settings used by the second cohort of pilot children were posted their self completion questionnaires in late August 2007 and settings that did not respond were chased by telephone during September and October 2007. In total we sent paper questionnaires to 524 settings and achieved an 87% overall response rate (see Table B.1).

Table B.1 Setting characteristics response rate

Base: All pilot settings identified by pilot parents

	N	Total %	Issued %
Full Sample	560	100	
Issued	524	94	100
Productive	458	82	87
Unproductive	66	12	13
Not Issued	36	6	-
Inadequate address details	16	3	-
Childminder	20	3	-

The data entry was undertaken at a keying agency, after which a simple edit was undertaken. This edit addressed instances where more than one code had been entered at a single coded question, where verbatim answers had been entered instead of a numeric code, and where responses hadn't been rounded to whole numbers e.g. 10.75 hours instead of 11 hours.

The profile of the pilot settings can be found in Table B.2 and Table B.3.

Table B.2 Setting characteristics (1)

Base: All pilot settings

	Mean	*Unweighted base*
Number of children usually in the room each day / session	14	*451*
Number of setting manager's years of experience	16	*353*
Average number of setting staffs' years of experience	6	*434*

Table B.3 Setting characteristics (2)

Base: All pilot settings

	%	*Unweighted base*
Children's Centre		*451*
Yes	38	
No	62	
Children aged four or over enrolled in the room		*451*
Yes	23	
No	77	
Children aged under two enrolled in the room		*453*
Yes	22	
No	78	
Sector		*453*
LEA / maintained	18	
Private	57	
Voluntary	15	
Other	11	
Hours of provision at the setting		*455*
Sessional	20	
School hours	7	
Full day	54	
Other	19	
Manager's highest qualification level		*358*
NVQ 0-3	48	
NVQ 4	34	
NVQ 5 or 6	17	
Mean level of setting staff qualifications NVQ level 2 or lower		*444*
Yes	11	
No	89	
Mean level of setting staff qualifications NVQ level 3 or higher		*444*
Yes	34	
No	66	

B.2 Observations

Quality of provision was assessed using the Infant Toddler Environment Rating Scale (ITERS-R)[94] and the Caregiver Interaction Scale (CIS)[95]. The ITERS-R observations were complemented with an additional nine items taken from the Early Childhood Environment Rating Scale (ECERS-R)[96]. An overview of the subscales and items of the ITERS-R is provided in the box below:

Space and Furnishings
- Indoor space
- Furniture for routine care and play
- Provision for relaxation and comfort
- Room arrangement
- Display for children

Personal Care Routines
- Greeting / departing
- Meals/snacks
- Nap
- Diapering / toileting
- Health practices
- Safety practices

Listening and Talking
- Helping children understand language
- Helping children use language
- Using books

Activities
- Fine motor
- Active physical play
- Art
- Music and movement
- Blocks
- Dramatic play
- Sand and water play
- Nature / science
- Use of TV, video and/or computer
- Promoting acceptance of diversity

Interaction
- Supervision of play and learning
- Peer interaction
- Staff-child interaction
- Discipline

Program Structure
- Schedule
- Free play
- Group play activities
- Provisions for children with disabilities

Parents and Staff
- Provisions for parents
- Provisions for personal needs of staff
- Provisions for professional needs of staff
- Staff interaction and cooperation
- Staff continuity
- Supervision and evaluation of staff
- Opportunities for professional growth

Observations were carried out at 75 settings (76 settings were contacted, making the overall response rate 99 per cent). In order to maximise the proportion of children for whom we would have a direct measure of setting quality we over-sampled the settings with the greatest number of pilot children. This meant that 14 per cent of settings covered 38 per cent of the pilot children in the impact assessment.

[94] Harms, Cryer and Clifford (2003).
[95] Arnett (1989).
[96] Harms, Clifford and Cryer (2005).

The observations were conducted in two waves, beginning the month after the setting characteristic information had been collected (see B.1 for further details).

B.2.1 Inter-rater reliability

In any study of this nature, it is important to check inter-rater reliability, i.e. how consistently members of the fieldwork team are using the observation instruments. This provides evidence that any differences in observed quality are real, rather than arising from differences between raters. Twenty paired visits were conducted: each of the nine fieldworkers were accompanied by a 'gold standard' observer, against whom their scores were compared.

Inter-rater reliability on the ITERS-R was assessed using Cohen's Kappa. This measures the level of concordance between two raters, allowing for the level of chance agreement. A Kappa value of 0.6 or above indicates a good level of agreement between two raters, and a value of 0.8 or above is excellent.

Table B.4 shows the mean kappa values for all paired observations and the mean kappa values for each rater. The scores indicate that the reliability for these instruments ranged from good to excellent.

Table B.4 Mean ITERS-R reliability statistics for paired observations with 'gold standard'

Base: All raters

	Raters									
	1	2	3	4	5	6	7	8	9	Total
Mean kappa score	0.79	0.85	0.89	0.78	0.78	0.85	0.70	0.88	0.66	0.76

B.3 Prediction Model

B.3.1 Quality of pilot settings

In order to estimate the quality for the settings that we had been unable to observe we undertook multivariate analysis (linear regression) to generate a model of how the setting characteristics related to quality - as measured by the mean of ITERS-R items one to six.

However, before undertaking this analysis it was necessary to deal with missing data in the setting characteristics. Information was missing across a range of cases and variables (inevitably given that the data had been collected via self completion questionnaire). As such, this information needed to be imputed so that all the observed settings could be included in the multivariate analysis, and so that the resultant model could be applied to all the unobserved settings. The imputation was undertaken in STATA using "Multiple imputation by the MICE system of chained equations".

Having imputed the missing information across the setting characteristics, we ran a linear regression model on the setting characteristics to identify the relationship between those characteristics and setting quality, and then applied this model to the setting characteristics of those settings that had not been observed. Based on this analysis we estimate that 17 per cent of pilot children took up a free place in a setting with an ITERS-R score of 5 or above (which represents a 'good' score); a further 46 per cent took up a place in a setting with an ITERS-R score of 4 - 4.9 (which represents the higher end of 'adequate'); 34 per cent took up a place in a setting with an ITERS-R score of 3 - 3.9 (which represents the lower end of 'adequate', see Chapter 7 for more details on the quality of settings); and a tiny minority (three per cent) took up a place in a setting with an ITERS-R score of 2.9 or lower.

B.3.2 The relationship between setting characteristics and quality

To identify the variables that were independently and significantly associated with setting quality we ran a separate forward stepwise regression model on the setting characteristics. These variables were then entered into a linear regression model, the results of which can be found in Table B.5. This shows that having: more children aged two to three in the room; the average qualification of staff being NVQ level 3, 4, or 5; children aged under two enrolled at the setting; and children aged four or over enrolled at the setting, were all associated with better quality.

Table B.5 Regression model to predict quality

Base: All pilot settings with an observed quality score

	Coef.	Std. Err.	P>t
Number of children aged under one enrolled at the setting	0.026	0.017	0.141
Number of children aged two to three enrolled at the setting	0.017	0.008	0.049
Number of children usually in the room each day / session	-0.016	0.010	0.104
Average number of setting staff's years of experience	0.054	0.027	0.053
Number of setting manager's years of experience	0.015	0.012	0.230
Sector			
LEA/ maintained			
Private	-0.231	0.228	0.316
Voluntary	0.160	0.366	0.663
Other	-0.198	0.273	0.472
Whether mean level of qualifications held by setting staff is NVQ level 3 or higher			
No			
Yes	0.525	0.191	0.009
Whether children aged four or over enrolled in the room			
No			
Yes	0.764	0.218	0.001
Whether children aged under two enrolled in the room			
No			
Yes	0.492	0.184	0.010
Manager's highest qualification level			
NVQ 0-3			
NVQ 4	0.077	0.183	0.675
NVQ 5 or 6	0.396	0.273	0.158

B.4 Ofsted

The findings that quality needs to be high in order to maximise the impact of free early education for two year olds is of little practical use for local authorities who do not have ITERS-R assessments for the settings in their local area. To address this, recent Ofsted ratings (as of Spring 2009) were attached to as many of the settings used by the pilot families in the evaluation sample as possible. We were able to attach Ofsted ratings to 92 per cent of the settings for which we had setting characteristic information. In the other eight per cent of cases, either the contact information we had for the settings did not appear to match any of the settings on the Ofsted database, or the setting did not yet have an Ofsted report.

The way that Ofsted scores settings has changed recently from providing a "combined report" that gave a score for the quality and standards of: a) nursery education and b) care, to an "inspection report" that provides a score on the following dimensions:

Overall effectiveness	**Quality and standards**
How effective is the provision in meeting the needs of children in the Early Years Foundation Stage?	How effectively are children in the Early Years Foundation Stage helped to learn and develop?
How well does the provision promote inclusive practice?	How effectively is the welfare of children in the Early Years Foundation Stage promoted?
The capacity of the provision to maintain continuous improvement.	How well are children helped to stay safe?
Leadership and management	How well are children helped to be healthy?
How effectively is provision in the Early Years Foundation Stage led and managed?	How well are children helped to enjoy and achieve?
How effective is the setting's self-evaluation, including the steps taken to promote improvement?	How well are children helped to make a positive contribution?
How well does the setting work in partnership with parents and others? How well are children safeguarded?	How well are children helped to develop skills that will contribute to their future economic well-being?

Also, nursery providers attached to schools get a different report from these two.

For the analysis we derived a comparable score for the different types of setting and the different types of report as follows. Since most of the pilot settings had a "combined report" that provided a score for both nursery education and for care, these constituted our measures of quality from OFSTED. Where settings only had an inspection report, we used some of the individual items as a proxy for these measures. Firstly we used the items "How effective is the provision in meeting the needs of children in the Early Years Foundation Stage?" and "How effectively are children in the Early Years Foundation Stage helped to learn and develop?" and equated them with nursery education. Secondly, as a measure of care, we used the item: "How effectively is the welfare of children in the Early Years Foundation Stage promoted?". Lastly, for nursery providers attached to schools we used the measure of the quality of the foundation stage as a measure of nursery education.

Finally, because the time period between Ofsted assessments can be quite long, and because the quality of settings can change relatively quickly, we only used Ofsted scores where the assessment had been made a maximum of three months earlier than the start of the children's pilot place and a maximum of three months after the end of the children's pilot place. Forty four per cent of the settings assessments fell into this time period.

Ref: DCSF-RR134

ISBN: 978 1 84775 495 0

www.dcsf.gov.uk/research

Published by the Department for
Children, Schools and Families

department for
children, schools and families